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ST. ALBANS RURAL DISTRICT COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

GEORGE CUST, M.B., Ch.B., D.P.H.

AND

CHIEF PUBLIC HEALTH INSPECTOR

DAVID J. GRAHAM, M.A.P.H.I., M.R.S.H.

FOR THE YEAR

1962.

ST.ALBANS RURAL DISTRICT COUNCIL

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P U B L I C H E A L T H C O M M I T T E E
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ST. ALBANS RURAL DISTRICT

Councillor A.G.Cutmore (Chairman)
Councillor W.Pitt (Vice-Chairman)
Councillor A.Angelow
Councillor Mrs.A.H.Bishop
Councillor W.F.Craik
Councillor R.M.Humphreys
Councillor R.V.Sparrow
Councillor E.Steele
Councillor Mrs.S.Williams

PUBLIC HEALTH OFFICERS

George Cust, M.B., Ch.B., D.P.H.
Medical Officer of Health

David J.Graham, M.A.P.H.I., M.R.S.H.
Chief Public Health Inspector, Cleansing Superintendent

W.A.Beere, M.A.P.H.I., M.R.S.H.
Deputy Public Health Inspector.

W.S.Biggin, M.A.P.H.I.
Additional Public Health Inspector.

A.G.Paine
Chief Clerk

Mrs. D. Day
Shorthand-Typist/Clerk

Health Department,
15, Hatfield Road,
St.Albans.
Telephone 50421/2

To the Chairman and Councillors of the St.Albans Rural District Council

Mr.Chairman, Ladies & Gentlemen,

I have the honour to present the Annual Report on behalf of the St.Albans Rural District Council for 1962.

I have altered the form of the Annual Report slightly this year, in that I have included additional sections on the work of the School Health Service and on the work of the Divisional Health Service. Although these are County Council services, they are services which play an extremely important part in the health of the children and adults of St.Albans Rural District, and if note is not made of it here, not only is the health story of this district incomplete, but a great deal of valuable work is left unrecorded; except that it helps to make up part of the County Medical Officer's Report where the local connotation of the work is lost.

The health of the district, on the whole, was very good, although of course, we have still a long way to go in many aspects of health. Many deaths are occurring which are preventable, and I have described these under the various sections within the body of the Report. I have particularly enlarged on the work we are trying to do in the field of Health Education, because this is so important with many of these modern "habit" diseases. I would like to quote from the editorial comment in the British Medical Journal of the 25th May, 1963 on Unnecessary Deaths - "A great deal of medical effort in this country is spent on treating conditions which we know perfectly well how to prevent. The chest surgeons remove lungs under the shadow cast by cigarette smoke. His orthopaedic colleague leaves his fracture clinic to drive home on a congested road originally designed for a carriage and pair. The family doctor sits in his surgery looking through a window at a house chimney outside belching forth much smoke, whilst on his desk is a request from the Ministry telling him to spend as little as possible on anti-biotics. Day after day the doctor binds up the self-inflicted wounds of the short-sighted and improvident society; but all this amounts to no new thing. It is difficult to persuade people that damage caused to health by inertia or carelessness, is just as serious to the individual as if the

harm were done deliberately. '1,500 good soldiers', said Florence Nightingale writing of the atrocious sanitation of barracks one hundred years ago, 'are certainly killed by these neglects years, as if they were drawn up on Salisbury Plain and shot.' We have progressed a good deal since then, but we still permit pollution of the air, as we once permitted pollution of water supplies. Our road system and our general standard of conduct upon it, are plainly inadequate, and the money and effort stopping people smoking is trivial when compared with that extended in persuading them to take up this dangerous habit.

I would like to record my thanks to all the staff, the doctors, Mrs. Jeffries and the nursing staff, Mrs. Taylor and the home helps, Mr. Jewell and the office staff, Mr. Graham and the public health inspectors, for all their work and help throughout the year. I would also like to say a special thank-you to my colleagues the family doctors, to my colleagues in the hospital service, and the headmasters and teachers of the town, whose help throughout the year has been invaluable. I would also like to thank the Editor and staff of the Herts. Advertiser for the help they have given us in the Health Department throughout the year.

I would also like to thank you, Mr. Chairman, Ladies and Gentlemen, for all the consideration, help and encouragement you have given me and members of my staff throughout the year.

I have the honour to be,

Your Obedient Servant,

GEORGE CUST

Medical Officer of Health.

Section A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Registrar General's Estimate of Resident Population	39,210
Area(in acres)	32,084
Number of Inhabited Houses on the Rate Books	
Dwelling Houses	10,308
Shops with Living Accommodation	86
Licensed Premises with Living Accommodation	57
Rateable Value	£547,183

Vital Statistics

Live Births -	
Number	734
Rate per 1000 population	18.7
Illegitimate Live Births -	
Number	32
Rate % of total live births	4.4
Stillbirths -	
Number	7
Rate per 1000 total live and stillbirths	9.5
Total live and stillbirths -	741
Infant Deaths (deaths under one year)	
Number	15
Rate per 1000 live births	20.4
Infant Mortality Rates -	
Total infant deaths per 1000 total live births	20.4
Legitimate infant deaths per 1000 legitimate live births	19.9
Illegitimate infant deaths per 1000 illegitimate live births	31.3
Neo-Natal Mortality Rate -	
Number	10
Rate per 1000 total live births	13.6
Early Neo-Natal Mortality Rate -	
Number	9
Rate per 1000 total live births	12.3

Peri-Natal Mortality Rate	
Number (stillbirths and deaths under one week)	16
Rate per 1000 total live and stillbirths	21.6
Maternal Mortality (including abortion)	NIL

Deaths

Number of Deaths	496
Death rate per 1000 of the estimated population	12.7

In order to make comparisons between the rates in different areas and the country as a whole, the Registrar General has supplied "Comparability Factors" to be applied to these two rates so that comparisons can be made.

Applying these two factors to the Rural District, the following results are given :-

Crude Birth Rate	Comparable Birth Rate	Crude Death Rate	Comparable Death Rate
18.7	19.5	12.7	9.1

Death, Birth and Infant Mortality Rate since 1947.

<u>Year</u>	<u>Death Rate</u>	<u>Birth Rate</u>	<u>Infant Mortality Rate</u>
1947	9.2	16.5	54.0
1948	7.0	14.5	18.1
1949	8.2	14.8	22.2
1950	7.7	13.2	22.5
1951	7.7	13.3	29.1
1952	6.8	12.8	8.1
1953	18.1	14.5	28.6
1954	17.7	14.5	16.6
1955	19.1	15.2	15.3
1956	19.3	14.4	19.8
1957	16.0	15.3	17.8
1958	13.6	17.3	18.5
1959	12.1	17.7	23.5

1960	12.4	17.6	22.9
1961	12.3	17.4	16.5
1962	12.7	18.7	20.4

<u>Causes of Death</u>	<u>Male</u>	<u>Female</u>
1. Tuberculosis, respiratory	1	2
2. Tuberculosis, other	-	-
3. Syphilitic disease	-	-
4. Diphtheria	-	-
5. Whooping Cough	-	-
6. Meningococcal infections	-	-
7. Acute Poliomyelitis	-	-
8. Measles	-	-
9. Other infective and parasitic diseases	-	1
10. Malignant neoplasm, stomach	5	3
11. Malignant neoplasm, lung, bronchus	12	1
12. Malignant neoplasm, breast	-	12
13. Malignant neoplasm, uterus	-	3
14. Other malignant and lymphatic neoplasms	16	15
15. Leukaemia, aleukaemia	1	4
16. Diabetes	2	4
17. Vascular lesions of nervous system	26	46
18. Coronary disease, angina	36	26
19. Hypertension	4	14
20. Other heart disease	30	37
21. Other circulatory disease	5	18
22. Influenza	1	2
23. Pneumonia	22	44
24. Bronchitis	10	8
25. Other diseases of respiratory system	5	2
26. Ulcer of stomach and duodenum	2	2
27. Gastritis and enteritis, diarrhoea	1	-
28. Nephritis and nephrosis	-	3
29. Hyperplasia of prostate	-	-
30. Pregnancy, childbirth and abortion	-	-
31. Congenital malformations	1	4
32. Other defined and ill-defined diseases	18	24
33. Motor vehicle accidents	3	1
34. All other accidents	7	5
35. Suicide	5	2
36. Homicide and operations of war	-	-
	<hr/> 213	<hr/> 283

Vital Statistics - England and Wales, 1962.

Provisional figures based on Quarterly Returns of the Registrar General.

Births -

Live Births (per 1000 total population)	18.0
Stillbirths (per 1000 total live and stillbirths)	18.1

Deaths -

All Causes (per 1000 total population)	11.9
Infants under 1 year (per 1000 related live births)	20.7
Maternal Mortality (per 1000 total live and stillbirths)	0.35
Neo-Natal Death Rate (per 1000 related live births)	15.1

This Table is included to enable comparisons to be made between local rates and national rates, but in dealing with the relatively low numbers from which local rates are calculated, one must be very cautious about drawing conclusions.

Number of Deaths and Death Rates from Tuberculosis and Cancer, 1962.

The provisional number of deaths and death rates per million population for England and Wales during the year 1962 are as follows:-

	<u>Number</u>			<u>Rates</u>		
	Males	Females	Persons	Males	Females	Persons
Respiratory Tuberculosis	2,103	673	2,776	93	28	59
Other Tuberculosis	180	133	313	8	6	7
Cancer of Lung and Bronchus	20,279	3,500	23,779	895	146	510
Other Cancer	34,456	43,364	77,820	1,521	1,805	1,667

COMMENTARY ON VITAL STATISTICS - ST.ALBANS RURAL DISTRICT

BIRTHS

There were 734 births in the Rural District in 1962, compared with 666 in 1961. The birth rate in 1962 was 18.7 compared with 17.4 in 1961. This increase in births of 68 again added to the work of the very busy domiciliary and hospital midwives.

STILLBIRTHS

There were only 7 stillbirths in 1962, compared with 13 in 1961, giving a stillbirth rate of 9.5 per 1000 total live stillbirths. 15 children

died under the age of 1 compared with 11 in 1961, an increase of 4. This makes the infant mortality rate in 1962, 20.4. compared with 16.5 in 1961. The causes of these deaths are shown in the Table set out below.

Age at Death

Cause of Death	Under 1 Week	Under 2 Weeks	Under 3 Weeks	Under 4 Weeks	TOTAL under 1 Month	Under 3 Mths.	Under 6 Mths.	Under 9 Mths.	Under 12 Mths.	TOTAL under 1 Year
Prematurity	6	-	-	-	6	-	-	-	-	6
Enteritis	-	-	-	-	-	-	-	-	1	1
Pneumonia and Upper Respiratory Tract Infection	2	-	-	-	2	-	-	-	1*	3
Congenital Malformation	1	-	-	-	1	-	3	-	-	4
Accidental Death	-	-	1	-	1	-	-	-	-	1
	9	-	1	-	10	-	3	-	2	15

* This was a 10/12 old boy from Letchworth who was a long-stay patient at Harperbury Hospital.

Breaking down the number of children who died under the age of 1, 9 children died in the first week of life compared with 11 deaths in 1961, giving an early nec natal mortality rate of 12.3 compared with 16.5 in 1961. In 1962, 10 children die' under the age of 1 month, compared with 11 children in 1961, giving a nec-natal mortality rate of 13.6 (16.5 in 1961). There were 5 deaths of children between 3 months and 1 year old in 1962, compared with no deaths of children in this age group in 1961. Considering together the stillbirths, those children who died in the first week of life (that is, those children whose death resulted as a complication of pregnancy and childbirth), the peri-natal mortality rate was 21.6, compared with 35.4 in 1961. Although all of these rates vary slightly from the previous year, all these differences are really very small

and all could be due to chance variations. All our figures are better than those of the general national figures for England and Wales in all these aspects of the vital statistics.

DEATHS

There were 496 deaths in the district in 1962, compared with 470 in 1961. This gives a death rate of 12.7 compared with a death rate of 12.3 in 1961. When these figures are corrected, using the 'comparability factor' provided by the Registrar General (which takes into account the differences in age, composition of the population, difference in sex incidence in the population, and makes allowances for the deaths occurring in the mental hospitals in the district) our death rate treated in this way becomes 9.1 in 1962 and 9.1 in 1961. The death rate for England and Wales to be compared with this is 11.9.

There is nothing special about the causes of death in the area. Diseases of the heart and arteries account for most of the deaths, with cancers being the second cause of death.

Coronary Artery Disease. This was the heart disease causing the most deaths. 36 men and 26 women died of this disease. The ages at which they died can be seen in the Table set out below. The present stage of medical research would lead us to believe that this is one of the preventable diseases. This disease causes death more commonly, and at a younger age, in men rather than women, in those who overeat and are obese, in those who take insufficient exercise, and are subjected to mental stresses and strains, than in those who are thin, take a reasonable amount of physical exercise, are non-smokers, and who deal better with their mental stresses and strains.

25-35		35-45		45-50		50-55		Age of Death		65-70		70-75		75 +		Total	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	-	1	-	3	-	3	-	4	-	6	2	4	3	4	4	10	17
																36	26

Cancer. 67 people died of cancers, 33 men and 34 women. Lung cancer was the most common cause of death. The Table set out below shows the ages of death, and the sites of the cancers in these people.

		35-45	45-50	50-55	55-60	60-65	65-70	70-75	75 +	Total
Stomach	Men					1		1	3	8
	Women							2	1	
Lung	Men		1	1	1	3	1	2	3	13
	Women		1							
Breast	Women		2	1	1	1	2	2	2	11
Uterus	Women			1	1				1	3
Bladder	Men								1	1
	Women									
Rectum	Men	1								3
	Women			1					1	
Oesophagus	Men						1	1		2
	Women									
Colon	Men	1		1				3		8
	Women	1				1			1	
Prostate	Men							2		2
Pancreas	Men			1					1	2
	Women									
Kidney	Men									1
	Women			1						
Ovary	Women			1	1				1	3
Vulva	Women							1	1	2
Salivary Glands	Men					1				1
	Women									
Bone Marrow	Men	1								1
	Women									
Unknown	Men					1				2
	Women		1							
Pharynx	Men									1
	Women							1		
Skin	Men									2
	Women		1			1				

In 1962, we saw the publication of the Report on Smoking and Health by the Royal College of Physicians. This Report received a large amount of publicity both locally and nationally. I quote from the Report -

"Lung Cancer - cigarette smoking is an important cause of lung cancer. If the habit ceased, the number of deaths caused by this disease should fall steeply in the course of time.

Chronic Bronchitis - this is a common and distressing disease in Britain, causing many deaths especially in middle aged and elderly men. Smokers, particularly cigarette smokers, are much more often affected than non-smokers. Other agents, of which generalized air pollution is the most important, are involved, and it may be that the damage done to the bronchial tubes by cigarette smoke makes them more susceptible to these other agents. Many men and women who are now disabled by chronic bronchitis, might have remained well had they not smoked.

Diseases of the Heart and Blood Vessels - coronary heart disease is a more frequent cause of death in smokers, particularly cigarette smokers, than in non-smokers, although the latter are also commonly affected. Those who give up smoking have a reduced death rate. Many other factors, such as mental strain, sedentary occupation and diet, makes plain some of the association of this disease with smoking, but cigarette smoking probably plays a significant part in rendering men in early middle age more liable to its serious effects".

Every week two or three deaths of St. Albans citizens from these three diseases are registered in this office. What we have tried to do about smoking is discussed in some detail in the section on Health Education and on page 12 of the School Health Service Report.

ACCIDENTAL DEATHS

There were 4 deaths during the year due to road accidents, and 11 deaths due to accidents other than road traffic accidents. The causes of these were :-

- Male 82 - Cerebral injury following fall down the stairs.
- Male 65 - death due to burns - fell on an electric fire during an epileptic attack.

Female 77 - brain injury following fall (in hospital)
Male 74 - carbon monoxide poisoning.
Male 18 - drowning, canoe accident.
Male 40 - asphyxia due to impacted food in larynx, patient
in mental hospital.
Male 47 - accidental death following epileptiform attack,
hospital case.
Male 62 - aspiration of vomit and intestinal obstruction,
in mental hospital.
- death following fracture of femur, in mental
hospital.
- cerebral haemorrhage following head injury, in
mental hospital.
Female 72 - bronchial pneumonia, cerebral thrombosis following
accidental burns at home.

It can be seen that many of these people were severely ill people
who were in mental hospitals.

Section B.

GENERAL PROVISIONS OF THE HEALTH SERVICES FOR THE AREA

Welfare Centres and Clinics

Bricket Wood - The Scout Hut,
Black Boy Wood.

Infant Welfare	2nd and 4th Tuesdays - 2-4 p.m. (Dr. Atterds)
Vaccination & Immunisation	3rd Wednesdays - 9.30-11.30 a.m.

Colney Heath - The Pavilion.
Infant Welfare

1st and 3rd Tuesdays - 2.30-4 p.m.
(Dr. Attends)

Harpenden - 40 Luton Road.
(Harpenden 2040)

Ophthalmic	Mondays - 9.30-11.15 a.m. (By appointment)
Vaccination & Immunisation	2nd Wednesday in month - 9 a.m.-12 noon. (Dr. Attends)
Speech Therapy	Thursdays - 9.30-12 noon; 2-4 p.m. (By appointment)
Infant Welfare	1st and 3rd Wednesdays - 1.45-4.30 p.m. (Dr. Attends)
Dental	Fridays - 10.30-12 noon; 2-4 p.m. (By appointment)

Harpenden - Batford J.M.I. School,
Pickford Hill.

Infant Welfare	2nd and 4th Wednesdays - 1.45-4.30 p.m. (Dr. Attends)
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Harpenden - Southdown,
Methodist Church Hall.

Infant Welfare	2nd and 4th Fridays - 2-4.30 p.m. (Dr. Attends)
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London Colney - Primary School,
Alexander Road.

Speech Therapy	Wednesdays - 2-4 p.m. (By appointment)
Vaccination & Immunisation	Fridays - 9.30-12 noon (Dr. attends 2nd & 4th)
Infant Welfare	Thursdays - 1.45-4.30 p.m. (Dr. attends 1st & 3rd)

Redbourn - Congregational Hall.
Infant Welfare

2nd and 4th Tuesdays - 2.30-4.30 p.m.

St.Albans - Village Hall, Park St.
Infant Welfare

2nd and 4th Mondays - 1.30-4 p.m.
(Dr.attends)

St.Albans - Mandeville Health
Centre,
Mandeville Drive.

Telephone 50471

Infant Welfare

1st and 3rd Thursdays - 2-4 p.m.
(Dr.attends)

Dental

Wednesdays - 9.30-12 noon; 2-4 p.m.
(By appointment)

St.Albans - Margaret Wix Health
Centre,
High Oaks.

Telephone 56994

Infant Welfare

Speech Therapy

Dental

Wednesdays - 1.30-4 p.m. (Dr.attends 1st & 3rd)

Tuesdays - 9.30-12.30 p.m.

Monday p.m. (weekly)

Thursday - a.m. and p.m. (weekly)

Friday - a.m. and p.m. (weekly) (by appointment)

St.Albans - Wellington Court,
Bricket Road.

Telephone 50421/2

Immunisation & Vaccination
and Minor Ailments

Dental

Orthoptic

Ophthalmic

Speech

Ante-Natal

Infant Welfare

Mondays - 9-12 noon (Dr.attends 9.30 a.m.)

Monday to Friday - 9.30-12.30 p.m. ; 2-5 p.m.

Saturdays - 9.30-12 noon (alternate)

Tuesday - 1st, 3rd, 5th - 9-12 noon; 2-4 p.m.

Wednesday - 2-4.30 p.m.

Thursday - 9.30-12 noon; 2-4.30 p.m.

Monday and Tuesday - 9.30-12.30 p.m.

Monday, Wednesday & Thursday - 9.30-12.30 p.m.
1.30-4.30 p.m.

Wednesday - 2-4 p.m.

Tuesday and Friday - 1.30-4 p.m.

(Dr.attends Friday)

Foods issued Tuesday and Friday.

St.Albans - Cunningham Hill Health
Centre,
Cell Barnes Lane.

Telephone 53025

Infant Welfare

Monday - 2-4.30 p.m. (Dr.attends)

Immunisation & Vaccination

Thursday - 9.30-12 noon (By appointment)

St.Albans - Skyswood Health Centre,
Marshalswick Estate.

Telephone 57041

Infant Welfare

Monday and Friday - 2-4.30 p.m. (Dr.attends)

Immunisation & Vaccination

1st and 3rd Tuesday - 2-4 p.m. (By appointment)

Speech

Friday - 10-12 noon (By appointment)

Ante-Natal

Thursday - 2-4 p.m.

St.Albans - Watford Road
Congregational Church
Hall.

Infant Welfare

1st and 3rd Fridays - 2-4 p.m. (Dr.attends)

Osterhills Hospital, Normandy Road.

Telephone 52211

V.D. (Women)

Tuesday - 5-7 p.m. Friday 2-4 p.m.

V.D. (Men)

Tuesday - 5-7 p.m. Friday 10-12 noon.

Post Natal

Wednesday - 11 a.m.

Chest Clinic

Monday - 2 p.m. (St.Albans patients)

Sandridge - Parish Hall.

Infant Weighing

2nd and 4th Tuesdays - 2.30-3.30 p.m.

Shenley - Village Hall.

Infant Welfare

1st and 3rd Wednesdays - 2-4 p.m. (Dr.attends)

Wheathampstead - Mead Hall,
East Lane.

Infant Welfare

2nd and 4th Fridays - 2.30-4 p.m.
(Dr.attends 3 p.m.)

The original plan for the provision of Health Centres in and near the City is approaching fruition. The new Health Centre at Mandeville School was opened in May 1962, Skyswood in February 1963 and Cunningham Hill in November 1962. These give, along with the New Health Centre to be built as part of the new Civic Centre, a very good cover for the County Health Services in the City and its immediate surroundings.

It is difficult to estimate when the Civic Centre will be opened, but I hope within two or three years. When the new Clinic is built, Wellington Court will be demolished, and on the site thereof, will be erected a new Day Nursery. This is certainly the most suitable site that could possibly be found for a Day Nursery, and will at last solve the problem of dispensing with the present Day Nursery at Fleetville. I would like to record my thanks to the City Council for their consideration in allowing us to continue the use of Fleetville for so long.

HOSPITALS

I am indebted to Mr.K.S.Robson, Secretary, Mid-Herts Group Hospital Management Committee, for the following information:-

The allocation of beds is as follows:-

Beds	Normandy Road Wing	Mid Herts Wing	Total
Surgical	104	-	104
Medical	-	79	79
Paediatric	25	15	40
Geriatric	78	-	78
Maternity	29	-	29
Gynaecological	26	-	26
Infectious Diseases	18	-	18
Special Care Babies	7	-	7
Recovery	12	-	12
Private - Section 5	-	4	4
Section 4	-	6	6
	299	104	403

In-Patient discharges	8,157
Total Out-Patient attendances	50,202
Casualty	20,624
X-Ray Department	59,641
Physiotherapy Department	43,311

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

St.Albans Rural District

Scarlet Fever	21
Whooping Cough	4
Measles	182
Food Poisoning	8
Infective Hepatitis	2
Dysentery	9
Salmonella Fever	1
Erysipelas	2

The main disease of the year was, without doubt, smallpox, even though there were no cases in the area. There was, in the latter part of 1961, and the early part of 1962, a large epidemic of smallpox in Pakistan, particularly in Karachi, and there were importations of the disease into this country from this source. Immigration to this country was proceeding at a rapid pace as immigrants were trying to beat the coming into force of the Commonwealth Immigration Act. By the end of January there were cases of smallpox in Birmingham, Cardiff, Bradford and London. By the end of February, there was a small epidemic of smallpox in Wales. During January, February, March and April, we were extremely busy following up immigrants who had arrived from Karachi so that we could keep them under surveillance and check their pre-flight vaccinations. There was further excitement early in April when we had a contact of a case of smallpox from Wales in the area, who again had to be kept under surveillance.

There were two further importations of smallpox into the country during the year. A case of smallpox in an Asian boy aged three years was removed from S.S.Oronsay on arrival at Gravesend on 15th August. The child embarked with other members of his family at Bombay on the 30th July, and was taken ill on the evening of the 9th August. From the time of onset of the patient's illness, he was confined almost entirely to the cabin occupied by his family, and it was unlikely that he was subsequently in direct contact with other passengers. All persons who travelled aboard S.S.Oronsay on voyage from Bombay to Gravesend were regarded as having been exposed to the risk of infection, and two members of the crew and two passengers from the ship were notified as coming to St.Albans and district. These four people were put under the surveillance of the medical staff of this department and visited daily. Their periods of surveillance ended on Friday, 31st August, and none of them developed smallpox.

Secondly, in October, the S.S.Orion arrived in London from Singapore having had a passenger taken off at Suez diagnosed as suffering from smallpox. There were three passengers on the ship who had come to St.Albans, and these passengers had their vaccinations checked and were again kept under surveillance for 14 days until all chances of them developing smallpox had passed.

The Medical Officer of Health was asked by family doctors during the year to see four patients whose illnesses resembled smallpox. Thankfully, none of these cases were smallpox.

There was one case of typhoid fever notified in the City in 1962. This was a case of typhoid fever in a Pakistani immigrant, and was notified on Saturday, 10th March. This man, who had flown into this country six weeks previously, had been ill for five weeks, and after investigation in hospital, this disease turned out to be typhoid fever. I have no doubt that this man was incubating the disease when he was flown into the country. Luckily, he had not been to work because of this illness, so his contacts were restricted to ten of his countrymen, mainly staying at one house in St.Albans, and some of his friends with whom he stayed for a few days in London. His contacts were fully investigated to ensure (a) that none of them were chronic carriers and (b) that none had become infected by the patient. One man, who was a food handler working in Watford, was put off work with the agreement of Dr.Alcock the Medical Officer of Health at Watford, until we had three negative faeces/urine specimens from this patient. All contacts were kept under regular surveillance by the Health Department staff until the danger of them developing typhoid fever had passed. The patient, who had been very ill, eventually recovered, and was discharged from hospital after his stools had become persistently negative. Further follow-up specimens by the health department show that this man has not become a carrier of the typhoid bacilli.

There were two other outbreaks of infectious disease of note during 1962. Both of these diseases were not notifiable, and most of the information here came from the schools and informal notification by family doctors. In the second quarter of the year particularly, there was a very large epidemic of German Measles (Rubella) throughout the whole of the area. This disease is a relatively mild disease, and is only of importance in pregnant women when it can affect the developing embryo and result in abnormalities of the heart, ears, eyes and the central nervous system. Pregnant women who have close contact with cases of Rubella can be protected against the disease by injections of gamma globulin. The demand for this protection was so great at this time, that for a short period, Rubella gamma globulin was in very short supply.

The other disease was epidemic nausea and vomiting which appeared to start in the northern area of the Health Division during the last weeks of May and the first week of June. All the patients complained of diarrhoea and vomiting, but there were certain other associated symptoms - pale motions, dark urine, phlegm and colourless slime brought up with the vomit, much wind and a poor appetite for several days following the illness. These symptoms and characteristic of epidemic nausea and vomiting. Many of these cases were originally suspected of being food poisoning, and were investigated from this point of view, but it soon became clear, from the epidemiological picture, that this was epidemic nausea and vomiting. During the latter part of July and August, the disease appeared to settle down, but broke out again in early September, probably with the re-opening of the schools, and there were small localized outbreaks throughout the rest of the area during the latter part of the year. This disease is probably caused by a virus, although as yet, no virus has been isolated from a case of this disease. The Public Health Laboratory Service is to undertake a full investigation during 1963, and has set up a special research committee to carry out this investigation. Epidemic nausea and vomiting has gradually become more prevalent since the end of the war, and usually occurs during the cooler months. It is highly infectious and often every member of a household may get the disease. It is usually mild and lasts for twenty-four to forty-eight hours, although I think there are indications that the virus is becoming more virulent and the disease more severe and lasting longer. In addition, the disease is also occurring all the year round, so its original name of winter vomiting disease is no longer appropriate.

FOOD POISONING 1962.

There were eight cases of food poisoning notified during the year.

- Female - no organisms isolated from stools. Illness had commenced whilst on holiday in Majorca where probable source of infection occurred.
- Male - found to be infected by salmonella typhimurium. First became ill whilst on holiday in a southern seaside resort.
- Child - aged 10 years. No organisms found.
- Boy - aged 8 years. no organisms found.
- Boy - aged 6 years. No organisms and no source of infection found.
- Adult and two children - no organisms isolated from stools. Re-heated meat probably source of infection.

TUBERCULOSIS 1962.

Cases on Register at 31st December, 1962.

<u>Pulmonary</u>		<u>Non-Pulmonary</u>		<u>Total</u>
Male	Female	Male	Female	
181 (170)	135 (128)	13 (12)	14 (14)	343 (324)

A P P E N D I X

FACTORIES ACT, 1937 to 1959

Annual Report of the Medical Officer of Health
in respect of the year 1962
for the St.Albans Rural
District Council

Prescribed Particulars on the Administration of the Factories Act, 1937.

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors) :-

Premises		Number on Register	Inspections	Number of Written Notices	Occupiers prosecuted
(i)	Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	2	1	-	-
(ii)	Factories not included in (i) which Section 7 is enforced by the Local Authority	65	25	-	-
(iii)	Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3	3	-	-
Total		70	29	-	-

2. Cases in which DEFECTS were found :-

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	1	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Out-work)	-	-	-	-	-
Total	1	1	1	1	1

PART VIII OF THE ACT

Outwork (Section 133 and 134)

Nature of work	Section 133			Section 134		
	No.of out-workers in August list required by Section 133 (1)(c)	No.of cases of default in sending lists to the Council	No.of prosecu- tions for failure to supply lists	No.of instances of work in unwhole- some premises	Notices served	Prose- cutions
Wearing)making apparel) etc.	-	-	-	-	-	-
)cleaning	-	-	-	-	-	-
) and	-	-	-	-	-	-
)washing	-	-	-	-	-	-
Household linen	-	-	-	-	-	-
Lace, lace cur- tains and nets	-	-	-	-	-	-
Curtains and furniture hangings	-	-	-	-	-	-
Furniture and upholstery	-	-	-	-	-	-
Electro-plate	-	-	-	-	-	-
File Making	-	-	-	-	-	-
Brass and brass articles	-	-	-	-	-	-
Fur Pulling	-	-	-	-	-	-

Nature of work	Section 133			Section 134		
	No.of out-workers in August list required by Section 133 (1)(c)	No.of cases of default in sending lists to the Council	No.of prosecutions for failure to supply lists	No.of instances of work in unwholesome premises	Notices served	Prosecutions
Iron and steel cables and chains	-	-	-	-	-	-
Iron and Steel anchors and grapnels	-	-	-	-	-	-
Cart gear						
Locks, latches and keys	-	-	-	-	-	-
Umbrellas, etc.	-	-	-	-	-	-
Artificial flowers	-	-	-	-	-	-
Nets, other than wire nets	-	-	-	-	-	-
Tents	-	-	-	-	-	-
Sacks	-	-	-	-	-	-
Racquet and tennis balls	-	-	-	-	-	-
Paper bags	-	-	-	-	-	-
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	-	-	-	-	-	-

Nature of work	Section 133			Section 134		
	No.of out-workers in August list required by Section 133 (1)(c)	No.of cases of default in sending lists to the Council	No.of prosecutions for failure to supply lists	No.of instances of work in unwholesome premises	Notices served	Prosecutions
Brush making	-	-	-	-	-	-
Pea picking	-	-	-	-	-	-
Feather sorting	-	-	-	-	-	-
Carding, etc. of buttons etc.	-	-	-	-	-	-
Stuffed toys	-	-	-	-	-	-
Basket making	-	-	-	-	-	-
Chocolates and sweetmeats	-	-	-	-	-	-
Cosaques, Christmas stockings, etc.	-	-	-	-	-	-
Textile weaving	-	-	-	-	-	-
Lampshades	-	-	-	-	-	-
TOTAL	-	-	-	-	-	-

ST. ALBANS RURAL DISTRICT COUNCIL

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

Mr. Chairman, Ladies & Gentlemen,

I have pleasure in presenting my report for the year 1962.

WATER SUPPLIES.

In general, the supplies of water in the area have been satisfactory in quantity and quality. There is no evidence that the waters are liable to have plumbo-solvent action.

It is the practice to take one sample of water each year from each private well and repeat samples where there are indications that the quality may be in doubt. In one case of a bore supply at licensed premises where repeat samples indicated a degree of pollution, the owners put in a piped supply.

In all, a total of 218 samples of drinking water were sent to the Public Health Laboratories at Luton for bacteriological examination.

All the dwelling houses in the district have a piped water supply; 176 draw from private bores or wells, but the remaining three have not, within a reasonable distance, a supply of wholesome water sufficient for the domestic purposes of the occupants. These 179 Dwelling Houses are located as follows:-

	<u>With Wells or Bores</u>	<u>No Supply</u>
Harpenden Rural	12	
Redbourn	27	
Wheathampstead	38	1
Sandridge	48	
Colney Heath	16	
London Colney	2	
St. Stephens	28	
St. Michaels	5	2
	<hr/>	<hr/>
	176	3
	<hr/>	<hr/>

ARRANGEMENTS FOR SEWERAGE AND SEWAGE DISPOSAL

I am indebted to Mr.H.Wilkinson, Engineer & Surveyor to the Council, for the following note on the arrangements for sewerage and sewage disposal:-

"The major part of the Rural District is served by public sewers, of which there are over 50 miles varying in diameter from 6 inches to 15 inches. The sewers are designed to receive foul water only. The vast majority of the properties in the district have main drainage facilities.

A scheme, which was nearing completion at the end of 1962, serving the Gustard Wood Common and Marshalls Heath areas of the parish of Wheathampstead, extends the public sewer to one of the remoter parts of the district. This scheme enables cesspools, pail closets and a most unsatisfactory private sewage disposal unit, to be abandoned. Several houses in the Hitchin Rural District will, by arrangement, also drain into this sewer.

Agreements for the interconnection of sewers and the carriage and/or treatment of sewage are also in operation with St.Albans City Council, Hemel Hempstead and Watford Borough Councils, Harpenden Urban, Hatfield Rural and Watford Rural District Councils.

Sewage from the parish of Wheathampstead is treated at the Council's disposal works in that village, and the Harpenden Urban District Council's works receive the drainage from the parish of Harpenden Rural. The remainder of the Rural District is served by the trunk sewers of the West Hertfordshire Main Drainage Authority (of which the Council is a constituent authority) at their large modern treatment works at Maple Cross.

The Council's sewers receive regular maintenance and serious blockages are rare, although the points at which cesspool vehicles discharge are most vulnerable."

SWIMMING BATHS

There are two swimming baths not under the Council's management which are open to the public, and in respect of which a charge is made for admission. Under an arrangement between the Education Authority and the Proprietors, they are used extensively by the schools. At each, the system of continuous circulation and purification of the water is operated.

Close supervision was exercised throughout the season, and a total of 32 samples of the waters were sent to the Public Health Laboratories at Luton for bacteriological examination.

A total of 24 samples were taken from other swimming pools in the district.

HOUSING

1.	Number of representations made to the Local Authority with a view to the making of demolition or closing orders	15
2.	Number of demolition or closing orders made :-	
	(a) Demolition Orders	7
	(b) Closing Orders, whole premises	3
	part premises	-
3.	Number of houses demolished	2
4.	Number of Improvement Grants made	17
5.	Number of Standard Grants made	19

COUNCIL HOUSES

Statistics prepared by Miss Sharpe, the Council's Housing Officer, are shown in Appendix 1.

NUISANCES

Sixty-three complaints of alleged nuisances were received and suitable action taken. In one case, it was found necessary to serve a Statutory Notice.

WASPS

The Council undertake the destruction of wasps' nests without charge. In the 1962 season, a total of 47 nests were destroyed.

RODENT CONTROL

Statistics in respect of rodent control work are shown in Appendix II.

REGISTRATIONS UNDER SECTION 16 OF THE FOOD AND DRUG ACT, 1955.

Eighty-two premises are registered in connection with the manufacture and sale of ice-cream and preserved food, etc.. Of these, sixty-five are registered for both the manufacture and sale of ice-cream.

From the figures in Appendix III of this report, it will be noted that the total number of food premises in the district is 207.

MILK DISTRIBUTORS

Twenty-one milk distributors are registered under Regulation 8 of the Milk and Dairies (General) Regulations, 1959.

MEAT INSPECTION

The slaughter of cattle calves, sheep and pigs for human consumption is carried out at three licensed slaughterhouses, and detail of the numbers of animals slaughtered thereat during the year, and of the condemnations are given in Appendix IV. A one hundred per cent inspection was maintained throughout.

I am indebted to Mr. R.E.C. Goddard, Chief Public Health Inspector of the City of St. Albans, and his staff, for co-operating in these duties.

The slaughter of horses for human consumption is carried out at a licensed slaughterhouse at London Colney.

PUBLIC CLEANSING

Public Cleansing is by direct labour. The work includes domestic refuse collection, trade refuse collection, the collection of bulky refuse of a domestic nature, the collection of nightsoil and the cleansing of cesspools.

Refuse Collection and Disposal.

Refuse Collection is carried out by five teams of collectors. Three of these operate with three 25-cubic yard Dennis Paxit Major Vehicles, in the more built-up parts of the district, and the remaining two teams, using a Dennis Barrier Loading Vehicle or a 10-cubic yard Side Loading Vehicle, as circumstances allow, cover the three large hospitals and the more sparsely populated parts of the district.

Reserve vehicles are maintained to permit regular servicing and to meet emergencies.

An incentive bonus scheme, first introduced on the 13th June 1955, operated successfully throughout the year, and has been a prime factor in holding the necessary labour force and has ensured that each vehicle has been employed with maximum effect. At the beginning of the year, a collection was being made from 10,934 premises, but this had increased to 11,162 at the end of the year. In the case of 39 of the 11,162 premises, the collections, by arrangement, were on a fortnightly basis, and in the case of three large hospitals, the collections were made twice weekly. In respect of all other premises, a once weekly collection was maintained. All refuse is disposed of in the controlled tips operated by Messrs.Inns & Co., at North Orbital Road, Colney Heath, and at Moor Mill, Colney Street.

Collection of Trade Refuse.

A scheme for the collection of trade refuse is operated. The main provisions of the scheme are as follows:-

1. A weekly collection of domestic refuse from trade premises shall be maintained but not more than one bin per collection shall be removed by the collector of domestic refuse.
2. A separate collection of trade refuse shall be made on the basis of a weekly collection or at such other required intervals as circumstances may suggest.
3. The trader shall place his trade refuse in bins or in compact units, each unit not to exceed the normal bin equivalent.
4. The charge shall be at the rate of 1/0d per bin or bin equivalent.

A collection of trade refuse is made from 67 premises and the total number of bins or bin equivalents collected in the year ended 31st December, 1962 was 8,532.

Collection of Bulky Refuse.

Frequently, householders desire to dispense with old, bulky articles such as beds, mattresses, perambulators, tricycles, bicycles, etc., and experience considerable difficulty in disposing of them. The council, upon

request, make a special collection of such articles, and no charge is made for the service. It is linked to the task of trade refuse collection, and so it is normal for all requests for the service to be satisfied within a week of the request being received. It is a service which is much appreciated and it is believed also that it is making a very practical contribution towards the prevention of infringements of the Litter Act. In the year ended 31st December, 1962, bulky articles were collected from 858 premises at the request of the householders concerned.

Nightsoil Collection.

Nightsoil emptying equipment is fitted to one of our Dennis Cesspool Emptiers, and the work of nightsoil collection is carried out during the normal daylight working hours. The men who do it are paid a plus rate of 1/-d per hour in respect of the hours engaged thereon. Pails are cleansed at 27 houses. This figure shows a reduction of 5, or 15.625%, compared with the figure at the 31st December, 1961.

Cleansing of Cesspools and the Disposal of Cesspool Contents.

As will be noted from the statistical Table in Appendix V, the number of cesspools which were being cleansed by the Council at the 31st December, 1962, was 498, which is one more than the number at 31st December, 1961.

The loads totalled 4479 as follows:-

St. Albans Rural District -

From cesspools cleansed on request	3540
From cesspools cleansed at regular intervals	846

Harpenden Urban District	93
	<hr/>
	4479
	<hr/>

This is an increase of 138 loads or 3.18% over the number in the year 1961.

With few exceptions, cesspool contents are discharged into
sewers.

I am,

Your obedient Servant,

DAVID J. GRAHAM

Chief Public Health Inspector.

18th January, 1963.

ST. ALBANS RURAL DISTRICT COUNCIL

APPENDIX I

Number of Properties under the control of
the Council at 31st December, 1962.

Analysis showing housing progress from January
1st to December 31st, 1962.

PARISH	Pre-war houses	Post-war houses	Acquired proper- ties	TOTAL	New houses completed in 1962	No. of properties vacated in 1962 other than by transfer	No. of families re-housed in 1962
London Colney	100	556	1	658	56	6	32
Redbourn	128	286	9	422	28	7	37
St. Stephens	34	198	-	232	NIL	7	15
Colney Heath	108	146	-	254	4	2	16
Sandridge	54	130	2	186	NIL	3	8
Wheatthampstead	90	205	4	299	NIL	4	8
St. Michaels	16	-	-	16	NIL	-	1
Harpenden U.D.C.	-	14	-	14	NIL	-	-
Harpenden Rural	-	-	-	-	NIL	-	-
City area	-	-	3	3	NIL	-	-
	530	1535	19	2084	88	29	117

C. I. Sharpe

Housing Officer

RODENT CONTROLYear Ended 31st December, 1962

	Local Authority (1)	Dwelling Houses (2)	Agricultural (3)	All other (inc. business premises) (4)	Total (5)
1. Total number of properties in Local Authority's District	4	10,844	211	271	11,330
2. Number of properties inspected by the Local Authority during the year ended 31st December, 1962, as a result of -					
(a) Notification	-	234	-	2	236
(b) Survey under the Prevention of Damage by Pests Act, 1949	4	298	185	16	503
(c) Other wise e.g. when visited primarily for some other purpose	-	150	-	130	280
3. Number of properties (see Section 2 which were found to be infested by rats.	3	303	33	3	342
4. Number of properties inspected (see Section 2) which were found to be infested by mice.	-	23	-	-	23
5. Number of infested properties (see Sections 3 and 4) treated by the Local Authority.	3	326	21	3	353

ST. ALBANS RURAL DISTRICT COUNCIL

APPENDIX III

SUMMARY OF FOOD PREMISES WITHIN THE DISTRICT AT 31st DECEMBER 1962

Type of Food Premises	London Colney	Colney Heath	St. Stephen	Wheatstead	Red-bourn	Sandridge	St. Mich's	Harpenden Rur.	Total
1. Grocery & Provision Store	10	7	13	7	10	-	-	1	48
2. Grocery, Provision & Butcher	-	-	-	-	-	1	-	-	1
3. Grocery, Provision & Cafe	1	-	-	-	-	1	-	-	2
4. Butcher	3	1	3	1	3	-	-	-	11
5. Bakers' Shop	1	-	2	2	1	-	-	-	6
6. Bakeries	1	1	1	2	1	-	-	-	6
7. Sweets & Confectionery	3	-	4	2	2	-	-	-	11
8. Greengrocery & Fruiterers	4	2	4	1	3	-	-	-	14
9. Wet and Fried Fish	1	-	-	1	-	-	-	-	2
10. Cafes, including clubs and licensed premises	4	-	4	1	1	-	3	-	13
11. Factory Canteens	2	-	1	1	2	2	-	-	8
12. Schools and Institutions	6	3	5	2	5	1	-	-	22
13. Hospitals & Nursing Homes	3	1	2	-	-	-	-	-	6
14. Food Factory	-	-	4	-	1	-	-	-	1
15. Licensed Houses	7	9	8	14	11	5	1	1	56
TOTALS	46	24	47	34	40	10	4	2	207

CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART FOR THE YEAR 1962

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses	Goats
Number Killed	2606	188	606	4637	11,943	24	-
Number Inspected	2606	188	606	4637	11,943	24	-
<u>All diseases except Tuberculosis and Cysticerci</u>							
Whole carcasses condemned	4	3	1	1	13	1	-
Carcasses of which some part or organ was condemned	196	47	2	54	793	10	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci							
<u>Tuberculosis only</u>							
Whole Carcasses condemned	-	-	-	3	5	-	-
Carcasses of which some part or organ was condemned	-	-	-	-	84	-	-
Percentage of the number inspected affected with tuberculosis							
<u>Cysticercosis</u>							
Carcasses of which some part or organ was condemned	4	-	1	-	-	-	-
Carcasses submitted to treatment by refrigeration	4	-	1	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-	-

STATISTICS REGARDING CESSPOOLS IN THE DISTRICTWHICH WERE BEING CLEANSED BY THE COUNCIL AT THE 31st DECEMBER, 1962.

Parish	Number cleansed on request	Number cleansed at regular intervals	Totals (the figures in brackets indicate the number at the 31st December 1961)	Cesspools already included in Column 4 but in respect of which a charge is made for all cleansing because they are within 100 feet of a sewer and could connect thereto
St. Stephens	60	-	60 (58)	3
London Colney	3	-	3 (3)	1
St. Michaels	69	1	70 (64)	-
Sandridge	33	3	36 (33)	2
Redbourn	70	-	70 (68)	-
Harpenden Rural	26	-	26 (24)	-
Wheatthampstead	188	3	191 (201)	-
Colney Heath	38	4	42 (46)	2
TOTALS:	487	11	498 (497)	8

DIVISIONAL HEALTH SERVICE

The St.Albans Health Division of the County Council consists of St.Albans City, St.Albans Rural District, Harpenden Urban District and Elstree Rural District, and in the following Report, all the figures and information relate to the Division as a whole.

STAFF

Dr.G.Cust, M.B.,Ch.B.,D.P.H.	Divisional Medical Officer
Dr.P.O'Reilly,M.R.C.S.,L.R.C.P.,D.P.H.	Assistant County Medical Officer
Dr.J.Beard,B.Sc.,M.B.,Ch.B.	" " " "
Dr.A.Stevenson,M.R.C.S.,L.R.C.P.,D.P.H.	" " " "
Dr.A.Wright, M.B.,Ch.B.	" " " "
Mrs.E.M.Jeffries,S.R.N.,S.C.M.,Q.N.S., H.V.,T.A.	Divisional Nursing Officer
Miss B.Thornton,S.R.N.,S.C.M.,Q.N.S., H.V.	Deputy Divisional Nursing Officer

Clerical Staff

Mr.R.E.Jewell	Chief Clerk
Miss D.Windmill	Shorthand Typist
Mrs.J.Stratton	Senior Clerk
Mrs.J.Callen	Clerk
Mrs.J.Woodsmith	"
Mrs.J.Gilmore	"
Mrs.S.Power	"
Mrs.B.Pitcher	"
Miss G.Andrews	"
Mrs.S.Lingham	"
Mrs.M.Norman	"
Mrs.D.Bishop	" (Part-time)

Health Visitors - S.R.N.,S.C.M.,H.V.

Miss H.Williams	Miss M.Winch
Miss I.Lewis	Miss I.P.Burt
Miss J.Bushby	Miss M.Jenkinson
Miss R.Joyce	Mrs.Appleton
Mrs.M.Bruce	Miss R.Cooper

Miss S. Woodall
Miss O. Barrand
Mrs. E. Hanson
Miss B. Reed
Miss I. Conduit

S.R.N., S.C.M., Q.N.S., H.V.

11	11	11	11
11	11	11	11
11	11	11	11
11	11	Q.N.S.	11
11	11	11	
11	11	11	
11	11	11	H.V.
11	11		
11	11	Q.N.S.	
11	11	11	
11	11		

S. R. N., S. C. M., Q. N. S.

"	"	"
"	"	"
"	"	"
"		
"		"
"	S.C.M., Q.N.S.	
"		
"		
"		
"		
R.M.C.		

Midwives

Miss Green	)		S.R.N., S.C.M., Q.N.S.
Miss Skinner)		" " "
Miss Clarke	)	St.Albans.	S.E.A.N., S.C.M.
Mrs.Woodward)		" "
Mrs.quick	)		S.R.N., S.C.M.
Mrs.Lindon	)	Boreham Wood	" "
Miss Martin)		" "
Mrs.Waslin)		" "

Home Help Service

Mrs.P.D.Taylor	Home Help Organiser
Mrs.J. Bowyer	" " "
Mrs.J.Darbyshire	" " "
Mrs.C.E.Moore	Assistant Home Help Organiser
Mrs.P.Askham	Clerk

NURSING SECTION - ANNUAL STATISTICS

Midwifery

Number of Live Births	737
Number of visits after delivery	9984
Number of patients given Gas and Air	541
Doctor present at delivery	185
Number of first visits to Expectant Mothers	789
Number of revisits	7162
Ante Natal Instructional Classes	54
Ante Natal Clinics	184
Number of early discharges from hospital	490
Stillbirths	3

There were a total number of births of 2,453 in the Division. 740 of these were delivered at home representing 30%. 490 cases were discharged early from hospital, a small number of these representing mothers discharged at 48 hours.

Premature Babies

Births	128	Male	51
		Female	77
Hospital delivered	110		
Home deliveries	18		
Weights: 1 - 2lbs. = 2 : 2 - 3 lbs. = 3 : 3 - 4 lbs. = 14 :			
4 - 5lbs. = 37: 5 - 5½lbs. = 52: Not weighed = 15.			
Died within - 24 hours	=	14	
28 days	=	6	
Survived	=	108	

Stillbirth Analysis

Hospitals		Home	
18		3	
Male	Female	Male	Female
10	8	2	1
Primips	4	Primips	1
Multips	14	Multips	1
Under 5½ lbs.	15	Over 5½ lbs.	3
Over 5½lbs.	3	Under 5½ lbs.	-

Infant Deaths

Total Number of deaths

44

Males 25

Females 19

Died

	<u>Males</u>	<u>Females</u>
Under 24 hours	9	8
" 48 hours	3	3
" 28 days	5	2
" 1 year	7	5
" 5 years	1	1
	25	19

Congenital Abnormalities

We began, throughout the Division, early in the year, to collect information relating to congenital abnormalities. The number reported during the year are as follows:-

Male	Pyloric Stenosis
Male	Deformity of digits
Female	Bilateral talipes
Female	Trachea-oesophageal fistula
Male	Cleft Palate
Female	Digit deformity - hand and foot
Male	Cleft Palate
Male	Abnormality of one eye
Male	Spastic, one eye malformed
Female	Deformity of left ear
Female	Deformity of larynx
Male	Bilateral talipes
Female	Mongol
Female	Digits of feet defective
Male	Pyloric stenosis
Male	Mongol
Male	Mongol
Female	Pyloric stenosis
Female	Talipes
Female	Digit defect
Male	Bilateral talipes
Female	Spina Bifida

The distribution of these births throughout the year was as follows:-

Jan.	Feb.	Mar.	Apr.	May.	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
2	1	2	1	1	1	3	3	5	1	1	1

Thalidomide and Congenital Abnormalities

Thalidomide is a drug which has a sedative tranquillizer type action, but, in addition, it has also considerable anti-emetic properties. For all these three reasons it was being used early in pregnancy. It is now known that if this drug is given between the fifth to seventh week of pregnancy,

certain damage is done to the developing embryo, particularly with regard to the developing limbs. Abnormalities of the ears, the heart, the digestive tract can also occur. This limb may be completely absent or the limbs may be vestigial with a hand attached directly to the shoulder with the fore arm and arm missing. There may be a less serious defect - fusion of the fingers together, or the presence of additional fingers. The deformity is usually bilateral, and in some cases, the lower limbs are affected as well as upper limbs. We were asked to make a survey regarding each baby with a congenital deformity, due, or possibly due, to thalidomide, born alive in each of the years 1960, 1961 and 1962, up to the 31st August only, by which time all the babies likely to have been affected by thalidomide were likely to have been born.

Results.

1962.

Female - deformity of ring in middle fingers, shortening of the right hand, absence of toes on left foot. Reasonable probability that thalidomide was taken but not known for certain.

Female - deformity of left ear. Family had left district - unable to confirm whether or not thalidomide was taken.

1961

Female - deformities of upper right and left limbs, deformities of both lower limbs. All limbs only half length. Thalidomide probably taken, but not known with certainty.

Female - extra toe on both feet. No indication of thalidomide having been taken.

1960

Female - Absence of both upper limbs. Thalidomide known to have been taken with certainty. Child later died.

Female - Missing finger and part of fingers on other hand. Not known whether thalidomide was taken or not.

HEALTH VISITING STATISTICS 1962

Primary Visits	2583
Revisits - 0 - 1 year	12986
1 - 2 years	7498
2 - 5 years	15737
	<u>38801</u>
Number of children seen	13919
Number of Phenylketonuria tests	2195
Number of I.W.Sessions	1179

Schools

Pre-medical inspections	294
Medical inspections	626
Eye Clinics	75
Minor Ailment Clinics	105
Personal hygiene inspections	176
Number of foot inspections	6
B.C.G.Sessions	47
Polio Sessions	100

HOME NURSING SERVICE 1962

	<u>New Cases</u>	<u>Revisits</u>
Medical	2483	46845
Surgical	420	9482
Tuberculosis	21	697
Visits to persons aged 65 years and over	38532	
Visits to children under 5 years	315	

Night Nursing Service

The Night Nursing Service was commenced in St.Albans Division by the appointment in January of a State Enrolled Assistant Nurse. Several cases have been nursed at night - thus relieving tired and anxious relatives - and more particularly easing the strain of the busy daytime District Nurse. The late evening care is given as soon as the nurse arrives - also sedatives

when necessary - the patient also receives the morning care before the departure of the nurse. This regime allows the day nurse to attend to more urgent cases knowing that the night nurse will have tended the ill patient. When not engaged in night nursing duties, assistance is given during the day to the day staff.

I am very grateful for all the work which the various categories of nursing staff carry out so well and efficiently in the Division. The weather early in 1962, particularly the heavy snowfall in January, imposed a great strain on the home nurses and midwives. Many cases had to be reached on foot because of the treacherous road conditions. Indeed, there were many patients who, apart from the nurse, had no other visitor for several weeks. There have been instances where the nurses have exceeded their nursing duties by purchasing the necessary foodstuffs for the patients who were literally house-bound, thus relieving them of a natural anxiety regarding shopping.

HOME HELP SERVICE

I am very grateful to Mrs.P.D.Taylor for the preparation of this report.

ST.ALBANS CITY AND RURAL DISTRICT, 1962

No.of Cases serviced in 1962

	T.B.	Chronic	Blind	Acute	Accident	Misc.	Mater- nity	Mentally sick
Other than O.A.P.	7	44	Nil	36	2	3	191	3
O.A.P.	1	430	8	1	1	Nil	Nil	11

TOTAL = 738

Hours worked by Home Helps	=	97,984
Home Helps employed 1st January, 1962	=	95
Home Helps employed 31st January, 1962	=	115

The service has continued to increase, with a marked rise in the number of elderly people receiving help. This problem is going to continue and gather momentum. The older people do not like leaving their own homes

and sometimes one feels that they should have constant care, especially at weekends. The Herts. County Council inaugurated a "Good Neighbour" Service at the end of the year, which it is hoped will ease this situation. The Good Neighbour has to live nearby and is recruited if she is able to call in about four times a day and keep an eye on an old person. She shops, gets meals and does the housework. As it is difficult to assess the actual hours worked, the Good Neighbour is paid by the week and not by the hour as home helps. It is hoped also to use Good Neighbours in cases where children need to be cared for when the mother is ill or attending hospital. This service came into being at the end of the year and we have one Good Neighbour only working at the moment.

We have an extra category of "types of cases" this year. Since the Mental Health Act of 1959, more of the mentally ill are being treated at home. This type of case is a challenge to the Home Help Service, and possibly we shall be able to train selected helpers to assist them to be of real help to the mentally ill being treated in their own homes. I would like to recruit at least one male home help for this type of work with the male patients and hope to do so in the near future. I think we possibly have potential recruits in this area among retired male nurses.

We received help during the year from many local voluntary organisations. Toc H Ladies helped with visiting, the W.V.S. with clothing and furniture and the Round Table members were invaluable with their usual assistance in so many different ways. As one example - they gave, and one of their members fixed, an electric wall fire for an elderly arthritic patient. The housebound were taken out in the Jaunty Car. A band of young art students did some decorating for elderly people who could not afford, or were not able to do their own. These voluntary services were not provided solely for people who were having home help, but when people are looking for someone who needs some help, they usually ask if we can assist them with their selections. Conversely, we know the voluntary helpers and can ask if we need special assistance for any of our patients.

Meals-on-wheels are now provided twice a week in London Colney, and the Abbeyfield Society started a similar service in Wheathampstead. In the Rural area, it is only Bricket Wood, Park Street and Sandridge which do not have this service. We are particularly interested as the home helps go to so many houses to prepare a mid-day meal that when it can be delivered to the door it enables the home helps to be used elsewhere.

We are still very short staffed, and it is difficult to divide out the available help. Due to the type of work the incidence of sickness among home helps is fairly high. We hope the Good Neighbour Service will help with recruitment, as it will release a few of the regular helpers for other cases.

We have one elderly lady who lives in an old type bungalow, which has steps down from the sitting room to the kitchen. This lady has very advanced arthritis and can get about only with the use of a walking aid. The husband of one of the home helps built up the kitchen floor and raised the equipment to the same level so that the old lady could get from one room to another.

At Christmas more than one of the helpers invited old people to share their Christmas dinner, and others, or their husbands, took dinners to those who were unable, or unwilling, to leave their own homes.

A Week's In-Service Course for home helps from the whole of the county was held at the Health Centre in Hatfield during June. Five home helps from this area attended. To complete the course they were taken round a Herts. County Council Old People's Home.

Home Help is still provided for a high proportion of home confinements. This is a type of case the helpers particularly enjoy and they co-operate very happily with the mid-wives.

In May, the Harpenden Organiser moved from the Divisional Office to quarters in the Clinic at Harpenden.

There are still people who think the Home Help Service means we help them get a home! On the whole, though, the service is becoming recognised and we receive much help from the general practitioners and the almoners of the hospitals, who refer most of our cases to us.

Our greatest problem is the usual one of staff shortage. We are very selective with our choice of recruits as the work entails other qualities than that of daily housework.

I am very grateful to Mrs.Darbyshire for the following Report.

HARPENDEN URBAN DISTRICT COUNCIL, 1962.

This service is administered by the Herts.County Council and provides domestic help for householders where such help is required owing to the presence of any person who is ill, lying in, an expectant or nursing mother, mentally defective, aged or a child not over school age within the meaning of the Education Act of 1944.

The Organiser is a member of the Divisional Health Office Staff. Until May, she worked from the Divisional Office at St.Albans, with two sessions in the Clinic at 40 Luton Road. During May, she moved out of the Divisional Office and took up quarters at the Clinic. She is a part-time officer and attends at 40 Luton Road daily, Monday - Friday from 8.45 a.m. to 10.30 a.m., and on Friday afternoon from 1.00 p.m. to 5.00 p.m. Messages can be taken at the Divisional Office at other times, and they will be relayed on to the Organiser at her next attendance.

Cases serviced during 1962 were as follows:-

Chronic sick	94	(84 were O.A.Ps.)
Maternity	57	
Acute illness	18	
Blind	4	(4 were O.A.Ps.)

Hours worked by Home Helps 12,326

The number of helpers rose slightly during the year, but some work just a few hours each week so the hours worked have not appreciably increased. To help ease the situation of lack of recruits, and give longer coverage time to some cases, the Herts.County Council has inaugurated a "Good Neighbour" Scheme. The Good Neighbour must live near her patient, who she will be assisting and be willing to go and visit her house possibly four times a day. She will cook, shop and do the housework. When working with elderly people, she will possibly go and see the patient is safely in bed, with all gas turned off and safely tucked up for the night.

The greatest problem facing the service in Harpenden is having to work the service with insufficient staff. Home Helps, due to the nature of their work, have a high incidence of sick leave.

The Mobile Unit visited Harpenden during the year, and many Home Helps took advantage of this opportunity to have a Chest Xray.

I am very grateful to Mrs.J.Bowyer for the following statistics.

BOREHAM WOOD HOME HELP SERVICE

Total number of cases on December 1961 - 147, divided into the following categories:-

Mental	Confine- ment	T.B.	Chronic	Blind	Acute	Accident	Miscell- aneous
1	3	4	117	9	9	-	4

Total number of new cases serviced during 1962 - 136, divided into these categories:-

Mental	Confine- ment	T.B.	Chronic	Blind	Acute	Accident	Miscellan- eous
2	29	9	54	3	28	5	6

Total number of cases on December 1962 - 159.

AMBULANCE SERVICE

I am grateful to the Ambulance Staff Officer, Mr.H.J.W.Bawden, for the following report.

St.Albans - Harpenden

During the year 1962, the directly provided Ambulance Services in St.Albans and Harpenden carried 29,166 patients and covered 170,194 miles. The Hospital Car Service carried 3,322 patients and covered 67,766 miles. Overall there has been, during the year, an increase of 1,401 patients carried with a decrease of 2,626 miles.

Through the kindness of the St.Albans City Council, who allowed the Ambulance Brigade the use of their Civil Defence Headquarters, the Ambulance Training School was opened on the 12th November, 1962. By the end of the year, thirty-six members of the Ambulance Staff in the County had completed courses on Ambulance and Civil Defence Ambulance and First Aid Section Training.

POLIOMYELITIS VACCINATION

The year 1962 brought an important development in the scheme for routine vaccination against poliomyelitis. On the 1st February, the Ministry of Health informed Local Health Authorities that live oral vaccine was being made available for routine vaccination against poliomyelitis. Hitherto, inactivated Salk vaccine (by injection) had been used in the vaccination programme, but a live attenuated Sabin vaccine had now been developed which had the advantage of being given by mouth. This oral vaccine had been used on a large scale in several parts of the world and had been closely studied and tested by the Medical Research Council. After examination of all the available evidence, the Minister of Health had been advised that the Sabin vaccine was safe and reliable given orally for primary immunisation, and was at least as effective as the Salk vaccine for reinforcing doses. The recommended course of this vaccine consisted of 3 doses, each of 3 drops given at intervals of four to eight weeks, given on a lump of sugar or in syrup (B.P.). The oral vaccine was henceforth given to all persons in the priority groups, that is everyone up to the age of 40 years and certain other people with special risks who had consented and who had not yet received any injection of Salk vaccine, and was also administered to complete a course of immunisation which had been commenced with the Salk vaccine.

There was one provision made by the Ministry at the outset of the use of this vaccine which did create a considerable administrative difficulty. It was considered desirable that in any household where one member received oral vaccine, it should have been offered at or about the same time to all other members of the same household who were under 40 years of age and who had not already had a full primary course of vaccination. I am glad to say that after a few months, it was decided that this provision could be dropped.

As a result of the introduction of this oral vaccine with its very easy mode of administration, a campaign was organised to give a fourth dose of oral vaccine to all children between the ages of 5 and 11 years who had previously had three injections of Salk vaccine. This had been recommended in 1961 and had been carried out on a limited scale owing to the irregular supply of Salk vaccine. This campaign was carried out in the St. Albans City and Rural and Harpenden schools during the autumn term of 1962, and nearly 800 children were given their fourth dose of poliomyelitis vaccine orally in some 32 schools. In addition, children who were found in the schools not to have been previously vaccinated were given the opportunity of having their primary doses orally at school.

I would like here to express my thanks to the Head teachers for their interest and co-operation in this important work, and I feel that these vaccinations with no adverse reactions are best given at school, where the child can continue with his school work with the minimum of interruption, instead of being absent for half a day to attend a vaccination clinic which might be some way from his school and home.

Poliomyelitis vaccination is now available at most every Infant Welfare Centre in the Division, and is being given as a routine vaccination instead of special sessions being organised as had been the case over the past few years. I append below some statistics relating to poliomyelitis vaccinations which were given in the Division during 1962 by family doctors as well as at clinics, and these figures do include the fourth boosters which I have already mentioned.

Vaccinations carried out in 1962.

Primary Vaccinations

<u>Age Group</u>	Numbers who have received -	
	<u>Salk</u>	<u>Oral</u>
Children born in 1962		138
Children born in 1961	397	778
Children and young people born in years 1943-1960	245	522
Young persons born in years 1933-1942	89	236
Others	187	883
Total	918	2557

Reinforcing Vaccinations

1,885	persons	were	given	3rd Salk vaccine	injection
3,005	"	"	"	3rd Oral	"
194	"	"	"	4th Salk	" injection
3,118	"	"	"	4th Oral	"

Of the total number of persons primarily vaccinated in 1962 (3475), 1441 were completed by their own doctors, and general practitioners gave 3125 of the total of 8202 reinforcing doses given during the year in the Division.

The figure for the number of children completing their poliomyelitis vaccination who were born in 1962 and who completed their vaccination in 1962 was only 138, out of a total number of births of 2,453 in 1962. It is recommended that primary vaccination against poliomyelitis should be given to babies at 7 to 10 months of age, and therefore only babies born in the first two months of the year will have completed their primary vaccinations before their first birthday. Of course, quite a number of these young babies will be in the process of having their vaccinations when the year ended, and as record cards are not sent to the Divisional Health Office until the primary course has been completed, these figures quoted relating to children up to the age of 1 year, ~~may~~ do convey a pessimistic view of the number of polio vaccinations which have been carried out in young children.

The Table below shows the state of immunisation of those children born in 1961 by the end of June 1963, and of the state of immunisation of those children born in 1962 by the end of June, 1963.

Children born in 1961.

Approx. 316 vacc. in 1961
 1175 " in 1962
 98 " 1st Qtr.1963
 79 " 2nd Qtr.1963

No. of births in 1961 - 2258

Children born in 1962.

Approx. 138 vacc. in 1962
 246 " 1st Qtr.1963
 396 " 2nd Qtr.1963

No. of births in 1962 - 2453

Percentage of Primary Vaccinations completed for children born in 1961.

Total number of births	- 2258	
No. of primary poliomyelitis vaccinations completed in 1961	- 316	13.9%
No. of primary poliomyelitis vaccinations completed in 1962	- 1175	52.0%
No. of primary poliomyelitis vaccinations completed in 1963	- 177	7.8%
	(1st half)	<u>73.8%</u>

Total number of children born in 1961 who have had primary poliomyelitis vaccination by 30.6.63	<u>73.8%</u>
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VACCINATION AGAINST SMALLPOX

During 1962, 6,319 primary vaccinations against smallpox were given (1,388 at Local Health Authority clinics, and 4,931 by general practitioners). A total of 6,195 revaccinations were also given and 5,383 of these were given by general practitioners.

These figures represent a very large increase on the figures for the past few years, and this was due to the great demand for smallpox vaccination and revaccination at the beginning of the year as a result of the notification of cases in other parts of the country. An important development towards the end of the year was the advice of the Medical Advisory Committee to the Ministry of Health that routine vaccination against smallpox in the first two years of life should continue, but that the offer of routine vaccination should preferably be made during the second year of life instead of at four - five months as had previously been recommended. This advice is now being acted upon at the Local Health Authority Clinics in this County, and primary smallpox vaccination is carried out on a child between one and two years of age.

The system of filing and recording these records of vaccination is being reorganised in order that in future years, I will be in a position to give you indications of the percentage of children in age groups who have received primary vaccination against smallpox.

IMMUNISATION AGAINST DIPHTHERIA WHOOPING COUGH/ TETANUS

During 1962, 2,381 children received primary immunisation against diphtheria, whooping cough and tetanus, over 93% of them receiving it in the form of a triple antigen.

An analysis of these children shows that -

718	born	in	1962	and	immunised	in	1962	represented	29%	of	the	births	for	the	year.
1133	"	"	1961	"	"	"	"	"	50%	"	"	"	"	"	"
237	"	"	1960	"	"	"	"	"	91%	"	"	"	"	"	"
82	"	"	1959	"	"	"	"	"	31%	"	"	"	"	"	"
68	"	"	1958	"	"	"	"	"	3%	"	"	"	"	"	"

In order that some comparisons can be made, I include below a Table showing the number and percentage of children by age groups who have been immunised since 1958.

Year of Birth	Year Completed and % of Births				
	1958	1959	1960	1961	1962
1958	572 | 26%	1157 | 52½%	208 | 9½%	97 | 4%	68 | 3%
1959	/// | ///	882 | 38%	1008 | 43½%	209 | 9%	82 | 3½%
1960	/// | ///	/// | ///	870 | 35%	1174 | 47½%	237 | 9½%
1961	/// | ///	/// | ///	/// | ///	640 | 28%	1133 | 50%
1962	/// | ///	/// | ///	/// | ///	/// | ///	718 | 29%

The pattern is very similar for each year, approximately $\frac{1}{3}$ of the children receiving primary immunisation in their first year, and the percentage increasing to just under 50% in the second year. Triple immunisation is recommended between 2 and 6 months of age, and as the course takes 3 months to complete, only approximately $\frac{2}{3}$ of the children born in a particular year would be able to complete the course in that year. This would, therefore, tend to increase the percentage of eligible children done in their first year. During the first half of 1963 a further 379 children born in 1962 received immunisation representing 31% of the children born in that year. These figures have been compiled from record cards held at the Divisional Health Office and should give a fairly accurate picture of the immunisation state of the child population of the Division. It is realised that the records may not be complete for children having moved into the Area, but on the other hand, there are other children who have moved out and these two would tend to cancel each other out.

In dealing with children requiring boosting doses at school entry, we are finding that parents are requesting tetanus injections for their children and the majority of these will not have had tetanus immunisation before, since it is comparatively recently that the triple antigen, including tetanus, has been available in Local Health Authority clinics. The procedure being adopted

is that a single dose of tetanus toxoid is being given at school entry, followed in 4 - 6 weeks by a single dose of diphtheria/tetanus antigen. In children who have been previously immunised with a triple antigen, a single dose of diphtheria/tetanus vaccine is being given.

HEALTH EDUCATION

Health education is a most important part of the work of the Health Department. It has always been a recognised part of the job of the Doctor and Nurse to teach their patients about health. This has traditionally been on a person-to-person basis, the doctor or nurse dealing with the health problems of one patient at a time, and attempting to give her knowledge and change her attitudes so that she can adopt more healthy habits. Much of the work in the clinics, in the homes of families, by the health visitors, and the work of the family and hospital doctor is carried out in this field.

In addition to this, the importance of teaching people in groups has come to the forefront in recent years. Not only can patients bring up their own fears and worries within the cover of the group, but by group teaching, knowledge can be given to patients so that their attitudes to health or disease on a specific topic can be changed so that they can change unhealthy behaviour into healthy habits.

A good deal of work has been done in group teaching during the year. A section on group teaching in schools is to be found in the section on School Health and Health Education, but the following talks have been given by members of the staff during the year. Ante Natal Health Education classes were started in August in Harpenden, and the following classes have been given. These classes usually consist of six to eight lectures. The classes at 40 Luton Road, Harpenden, have been held by Mrs.Dominy, the Midwife, and by Miss I.Burt, the Health Visitor. Six talks on ante-natal relaxation exercises by the midwife and one talk on diet and social services by the health visitor in each course. In addition, there were two combined classes held here for both expectant mothers and fathers to-be. A similar course was held in November and December. Ante-natal Health Education classes have also been held at Wellington Court during the year by Mrs.Woodward.

The following talks have been given :-

St.Johns Young Wives Group - Home Safety by Miss Joyce, Health Visitor.
1st Redbourn Girl Guide Company - Course of instruction for Sick
Nursing Proficiency Badge by Miss V.Greenham, District Nurse.
National Association of Ladies Circle, Harpenden Branch - Talk on
District Nursing by Miss V.Greenham, District Nurse.
Marshalswick Mothers' Club - Talk on Health Visiting by Miss B.M.
Woodall, Health Visitor.

Council of Social Services - Talk on Integration of Hospital Services by the Medical Officer of Health.
Meeting of St.Albans Home Helps - Talk on the Health Team by the Medical Officer of Health and Home Help Organiser.
Meeting of the Harpenden Home Helps - Talk on the Health Team by the Medical Officer of Health and Home Help Organiser.
Old Folks Welfare Committee - Talk on Care of the Elderly by the Medical Officer of Health.
Marshalswick Mothers' Club - Talk on Child Health by the Medical Officer of Health.
Rotary Club, Harpenden - Talk on Modern Health Problems by the Medical Officer of Health.
St.Albans St.John Ambulance Brigade - Course on Public Health and Hygiene - Talk by the Medical Officer of Health, the Divisional Nursing Officer, the County Health Education Officer and Deputy Chief Public Health Inspector.

In addition to this list of talks, a talk on Child Health to the Spencer Street Parent/Teacher Association, by the Medical Officer of Health.

The following talks were also given in the series 'Smoking and Health' by the Medical Officer of Health:-

Young Conservatives, Redbourn.
Redbourn Church Youth Club.
The Link Youth Club, St.Albans.
Park Street Baptist Church Youth Fellowship.
Scouters Conference, Welwyn Garden City.
St.Pauls Youth Club, St.Albans.
Redbourn Adult Education Centre, by the Medical Officer of Health and Miss Shadek, the County Health Education Officer.
Harpenden Youth Fellowship.

The Medical Officer of Health also proposed, at the St.Albans Debating Society "That this House should give up Cigarette Smoking", a rather unusual format for a Health Education Meeting.

Much health education, both on the group and person to person basis is carried out by the health visitors at the Infant Welfare Clinics.

Mothers' Clubs, based on the Infant Welfare Clinics, can be of great value not only from the point of view of health education, but add greatly to the social life of an area, and I am grateful to Miss B.M.Woodall, Health Visitor, for the following Report on the Marshalswick Mothers' Club.

Marshalswick Mothers' Club

General Summary

The Marshalswick Mothers' Club commenced in January 1958. At that time, there were a great many families moving into the area, and consequently many women were lonely and needing to make friends. The Mothers' Club did succeed in drawing in a number of these lonely newcomers, and enabled them to make contact with people of their own age group. Several women who have attended regularly have said that they found the interest and relaxation provided by the Mothers' Club a great help - and they also valued the freedom of the "hour without the children". The immediate value of the Club in drawing in many newcomers would now appear to have ended - the estate is practically completed, and the flow of newcomers has been considerably reduced. There will always be, of course, the usual comings and goings amongst residents, and most mothers are contacted through the Infant Welfare Clinic or home visiting, and invited to the Mothers' Club in this way.

The original meetings were held in the afternoons, but the problem of the "under 5s" being minded in an adjacent room, with consequent interruptions and noise, resulted in decreasing attendances. The members decided to try an evening meeting instead, and this commenced in 1960. There was an immediate improvement in the attendances, some meetings having as many as 70 or over present.

Although a considerable amount of work is entailed, I feel that the value of health education, plus good public relations, makes it fully worth while. My only personal regret is that the usual pressure of case load and school work etc. does not permit sufficient and proper time to be given to the planning of programmes. Given the right conditions for programme arrangements, there are great possibilities for the continuance of this Mothers' Club in the future.

1962

22 meetings were held during the year, on the first and third Tuesday evenings of each month. Attendances averaged about 60 - 70. The programme was varied to provide a mixture of items of general interest and health education. It included such generalised subjects as a floral art demonstration, talk on bulb growing, film on central heating etc.

1. Talk by Mr.R.E.C.Goddard, Chief Public Health Inspector, on his work.
2. Talk by Health Visitor on smoking, which, without foreknowledge of coming events when planning the programme, was given the night before the R.C.P. report was issued. This fortuitous happening certainly helped to reinforce the main points of the subject. Smoking and lung cancer was also dealt with by Dr.Cust later in the year when he visited the Mothers' Club.
3. Talk by Dr. M. Clarke, A.C.M.O., on bed wetting. A very interesting discussion followed, and several people commented afterwards that they had been very much enlightened and helped.
4. Talk by Mrs.Dearden (Psychiatric Social Worker) on some behaviour problems of children.
5. Talk by Miss D.Barker, Diocesan Worker on Deaf Children.
6. Two cookery demonstrations by the Potato Marketing Board and the Flour Advisory Bureau - with particular reference to food values and economic dishes.
7. Talk by Dr.G.Cust, M.O.H., on "Child Health - the Parents' Responsibilities". This again aroused much interest, and there were many appreciative comments.
8. Talk entitled "Health Visiting Centenary" - on the work of a Health Visitor.

The Health Education topics were well received, and questions and discussion followed freely. I am quite sure that these programmes have helped to clarify peoples thoughts on many health topics, and are helping to lay a

foundation for good relations between the Health Department and the residents.

Extra activities included the collection and distribution of Christmas food parcels to elderly housebound people, the provision of voluntary workers for the Infant Welfare Clinic; a series of dressmaking classes, etc. Various outings were also arranged during the year.

During 1962, the Mothers' Club commenced issue of a newsletter called "The Link" to keep members informed of events and other topics of interest. It is hoped to use this as a means of circulating information on current health matters, e.g. a recent article on "Food Poisoning" by the M.O.H.

REPORT ON THE SCHOOL HEALTH SERVICE, 1962

ST.ALBANS DIVISION

The St.Albans Health Division of the Hertfordshire County Council covers the areas of the following local authorities from north to south :-

Harpenden Urban District
St.Albans City
St.Albans Rural District
Elstree Rural District

The area, on the whole, is an urban one, although there are large amounts of pleasant countryside surrounding the urban areas. There was full employment in the area during 1962, and the area can be classed as a reasonably prosperous one.

The population of the Division is 138,000, with a school population of 22,000, and a pre-school population of 11,600.

STAFF

The staff of the department consists of :-

Medical Staff

Dr. G. Cust	Divisional Medical Officer
Dr. P. O'Reilly	School Medical Officer
Dr. A. Stevenson	" " "
Dr.J.Beard	" " "
Dr.A.Wright	" " "

Nursing Staff

(a) Health Visitors

Mrs.Trudgett	Miss Bushby	Miss Sachs	Miss Woodall
Miss Greenham	Miss Joyce	Miss Sharpe	Miss Barrand
Miss Smith	Mrs.Bruce	Mrs.Tattersall	Mrs.Hanson
Miss Riches	Miss Jenkinson	Mrs.McDearmid	Miss Reed
Miss Lewis	Miss Burt	Miss Cooper	Miss Conduit
Miss Helyar	Miss Williams	Mrs.Appleton	Miss Winch

(b) Clinic Nurses

Mrs.Hooper, Mrs.Jackson, Mrs.Rogers, Mrs.Nicholls, Mrs.Jones,
Miss Tomson.

(c) Consultants

Dr.M.V.Bickerton	Consultant Audiologist
Dr.A.M.Garratt)	
Dr.J.Crewdson)	Eye Consultants

(d) Other Services

Mr.J.Simpson)	
Mr.R.Savage)	Peripatetic Teachers
Mrs.J.P.Toohey)	
Miss N.Chatterton	Remedial Therapist
Miss J.M.Barfield)	
Miss L.H.Martin)	Speech Therapists
Miss M.J.Jeavons	Orthoptist
Miss J.F.Anderson	Audiometrician

All the medical and nursing staff of the school health service are part-time.

(e) Clerical Staff

Mr.Jewell (part-time school health service), Mrs.Stratton,
Mrs.Woodsmith.

There have been relatively few changes in the staff during 1962. At the end of the year we were three health visitors short in the Division, and this, of course, is throwing additional work on the other health visitors. Any further reduction in nursing staff will put a restriction on the work of the school doctors at routine medical inspections, as the nurse is a valuable partner with the doctor at the inspections. We also appear to be short staffed on the medical side, and we are behind in the work in all parts of the Division, but particularly in Boreham Wood. I hope that this situation will improve in 1963 when Dr.E.G.Davie takes up her part-time sessional appointment. On the clerical side we are definitely understaffed, as some of the routine matters, such as the transference of information from the eye clinic card and school clinic card to the routine medical inspection card cannot take place. This, I hope, will be improved in 1963.

ADMINISTRATION

Geographically, the Health Division and the Education Division of the County Council do not coincide, but both the St.Albans Education Division and the Barnet Education Division are concerned with our administration. The St.Albans Education Division is situated wholly within the St.Albans Health Division, but the southern part of the Health Division comes under the Barnet Education Division. The Barnet Education Division deals with more than one Health Division. The liaison between both Divisions is very good and very close. The Divisional Medical Officer attends the School Welfare Committee of the St.Albans Divisional Executive.

During the year, regular senior staff meetings, attended by the A.C.M.Os., the Divisional Nursing Officer and the Chief Clerk, have been instituted, and have been of great help. The School Medical Officers do not have a room in the Divisional Health Office in which they can keep their files, and where they can work, and this means they have to write up cases in out-lying clinics, or in their own homes, and do not meet or see the rest of the staff as frequently as they would if they had such a room. Some schools still have unsatisfactory premises for the carrying out of a routine medical inspection, and we are going to carry out a survey of medical inspection rooms in the Division during the coming year.

ROUTINE MEDICAL INSPECTION

This valuable work has gone on as usual throughout the year. The present system of routine medical examination is as follows:-

1. Entrant examination at 5 years for all children.
2. Intermediate examination of all children at 8 years.
3. Intermediate examination of all children at 11 years.
4. Leaver examination for all children.

In addition, the entrants to nursery schools have a routine medical inspection.

In order to develop good personal relationships between the head teacher, his staff, and the school doctor and health visitor, doctors and health visitors are attached to particular schools, and, so far as it is possible to do so, the doctors and health visitors follow the child up the

line from Infant Welfare Clinic to Infant School, Junior School to Secondary School, by letting the doctors do the Infant Welfare Clinic in the areas in which their schools are.

A good deal of work has been done on considering the best form of the routine medical inspections. We did submit to the County Medical Officer in December, a variation of the present scheme, which will be of much greater benefit to the children and to the schools. In addition to the routine medical inspections, special inspections and re-inspections have been carried out throughout the year.

STATISTICS

TABLE I - PERIODIC MEDICAL INSPECTIONS

<u>Age Groups Inspected</u>	<u>No. of pupils Inspected</u>	<u>Physical Condition of pupils Inspected</u>	
		<u>Satisfactory</u>	<u>Unsatisfactory</u>
Nursery Schools	273	269	4
Entrants	2111	1722	8
8 Years	1444	1431	13
12 Years	1897	1891	6
Leavers	2260	2248	12
Total	7785	7742	43

All children at routine medical inspections are classed as medically satisfactory or medically unsatisfactory. 99.5% of all children were satisfactory. 0.5% of all children were unsatisfactory at the time of examination.

TABLE II - SPECIAL INSPECTIONS & RE-INSPECTIONS

Special Examination	) At School	55	) Total	<u>263</u>
	) At Clinic	208)	
Re-inspections	) At School	4456	) Total	<u>4479</u>
	) At Clinic	23)	

A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person, and a re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS

Commentary on Defects found at Routine Medical Inspection.

The general observation by all the school medical officers is that there are very few children today who are underweight. Many are well above average in height and weight. Obesity is becoming a more common problem, and seems to affect children earlier. Many children in Junior Schools, and some in Infant Schools, are in need of some dietary restriction, and it is difficult to get co-operation from parents with these younger ones. The obese teenager now seems to understand the necessity of keeping to his or her diet, and many of them make a determined effort to do so.

Cleanliness.

The standard of cleanliness, on the whole, is reasonably high. There are some schools who have a few children who are not well cared for, but even here the standard continues to improve. Even the unaccompanied teenager shows embarrassment when his uncared-for toe nails are revealed to view. The incidence of head lice is very rare in the Division, and we discontinued routine head inspections in secondary schools during the year. There were 24,782 head inspections in the schools, during the year, and only 15 children were found to be infested.

Eyes.

	<u>Disease or Defect</u>	<u>Entrants</u>		<u>Leavers</u>		<u>Others</u>		<u>Total</u>	
		T	O	T	O	T	O	T	O
a.	Vision	77	201	100	31	216	114	393	346
b.	Squint	70	61	-	-	10	8	80	69
c.	Other	8	2	5	3	12	5	25	10

(T = children requiring treatment:
O = children requiring observation)

Childrens' eyes are tested routinely at the age of five, eight, eleven and fourteen, and at a later age group in the grammar schools. During the year, the staff meetings have been considering the necessity of more frequent eye examinations.

Ears.

	<u>Entrants</u>		<u>Leavers</u>		<u>Others</u>		<u>Total</u>	
	<u>T</u>	<u>O</u>	<u>T</u>	<u>O</u>	<u>T</u>	<u>O</u>	<u>T</u>	<u>O</u>
a. Hearing	13	133	6	6	12	54	31	193
b. Otitis Media	23	65	2	-	9	13	34	78
c. Other	5	16	5	-	10	6	20	22

A high proportion of children referred as defects have only slightly defective hearing, frequently a variable catarrhal deafness, and it is most helpful to be able to investigate these cases further whilst they are in school. The services of the Peripatetic Teachers are greatly appreciated, both in investigation and elucidation of border-line cases, and also in the very frequent and regular care which they give to the several partially deaf children in normal schools who use hearing aids. The County Audiology Unit was set up at Hatfield during the year for referral of cases picked up, not only in school children, but in pre-school children. This service, and the service of the audiometrician who also started during the year, is greatly appreciated.

Nose and Throat.

	<u>Entrants</u>		<u>Leavers</u>		<u>Others</u>		<u>Total</u>	
	<u>T</u>	<u>O</u>	<u>T</u>	<u>O</u>	<u>T</u>	<u>O</u>	<u>T</u>	<u>O</u>
	83	240	10	4	37	73	130	317

All the school medical officers say that there do not seem to be so many sufferers from tonsillitis as formerly, and that the number of children requiring tonsillectomy is very few indeed, although many children have recurrent upper respiratory infections throughout their first or second year at school. The frequency and severity of these infections does not appear to be related in any way to general physical condition of the child.

Speech

<u>Entrants</u>		<u>Leavers</u>		<u>Others</u>		<u>Total</u>	
T	0	T	0	T	0	T	0
43	92	5	1	17	13	65	106

Since September, we have had the services of two speech therapists working full-time in this Division, and many children with speech defects are, in fact, picked up by the health visitor and by the doctor before the child enters school. Some parents feel that stammering particularly is not a medical matter, and do not often mention this at routine medical inspection, and are surprised when they find that we can help.

Heart

<u>Entrants</u>		<u>Leavers</u>		<u>Others</u>		<u>Total</u>	
T	0	T	0	T	0	T	0
7	94	7	16	2	58	16	168

Very few heart defects of significance are now found at routine medical inspection. Most of the heart murmurs which are heard are of functional origin. Rheumatic heart disease is extremely rare in all schools, and the relatively rare cases of congenital heart disease have usually been well investigated by the time the children arrive at school. Several children have returned from heart surgery very fit and well during the year.

Lungs

<u>Entrants</u>		<u>Leavers</u>		<u>Others</u>		<u>Total</u>	
T	0	T	0	T	0	T	0
38	76	4	5	26	34	68	115

All the school medical officers report that there appeared to be fewer severe asthmatics or bronchitics in the younger age groups than formerly. Some of these children have been referred to the remedial therapist and have benefited greatly.

Developmental Conditions

		<u>Entrants</u>		<u>Leavers</u>		<u>Others</u>		<u>Total</u>	
		T	0	T	0	T	0	T	0
a.	Hernia	8	8	3	-	2	5	13	13
b.	Other	9	80	7	34	12	159	28	273

A number of completely unsuspected inguinal hernias have been found and referred for the necessary surgical treatment. Undescended testicles are still not infrequently met with in boys in their early teens. Several cases have been treated by operation after unsuccessful hormone treatment.

Orthopaedics.

	<u>Entrants</u>		<u>Leavers</u>		<u>Others</u>		<u>Total</u>	
	T	O	T	O	T	O	T	O
a. Posture	9	24	38	14	62	44	109	82
b. Feet	179	98	50	10	281	47	510	155
c. Other	50	41	31	4	57	20	138	65

Occasionally, severe orthopaedic conditions are found at routine medical inspection, but on the whole, serious conditions are rare. Posture appears to have been less of a problem this year. Stooping and slouching are often found to be associated with emotional problems and cannot be readily corrected. It is sometimes very difficult to get an idea of the basis of the trouble, but it seems to reflect a lack of confidence, and great success has sometimes been achieved by the schools giving additional responsibility and encouragement. Many children who are seen at the eleven years old R.M.I. with poor posture, have often a very good posture at fourteen or fifteen, without having had any special remedial treatment.

Feet in five years old children are very good indeed, but the problem of corns, callosities, sore heels and hallux valgus are very common in the young teenager, particularly in girls. The problem of suitable shoes for girls now occurs frequently in the eight years old routine examination, as children of this age are now becoming fashion conscious. Mothers are often very worried about this problem, and need a word of strong encouragement in their search for reasonable footwear. The way in which some schools solve this problem is discussed in the Health Education Section.

Nervous System.

	<u>Entrants</u>		<u>Leavers</u>		<u>Others</u>		<u>Total</u>	
	T	O	T	O	T	O	T	O
a. Epilepsy	8	1	3	0	6	1	17	2
b. Other	2	6	1	0	7	4	10	10

There are 19 children in schools who are known to be epileptics. The majority of them are well controlled, and are no trouble.

Psychological

		<u>Entrants</u>		<u>Leavers</u>		<u>Others</u>		<u>Total</u>	
		T	O	T	O	T	O	T	O
a.	Development	5	23	5	2	21	25	31	50
b.	Stability	8	83	8	3	29	88	45	174

All of the doctors report that backwardness in school children, which used to cause a great deal of trouble, has now been largely resolved because of the special classes and by the special schools. The educational psychologists also give a great deal of invaluable help in assessing and following up these children. Children with emotional difficulties are extremely common. Many of these are "normal" abnormalities, and settle down quickly after mother has had a chance to discuss it with a doctor or health visitor. One also finds more serious emotional upsets, and in these cases there are often deeper troubles in the family background. Our colleagues in the Child Guidance Service are of great help with the more serious cases.

I would like to finish this section on the routine medical inspections by paying a tribute to the head teachers and staffs of the schools. Their help in discussing each child's problems and suggesting means of help is very valuable. One of the school doctors reported "In the one school I visited where there is less co-operation with the medical service, the work appeared to be less productive and accordingly more frustrating. Apart from this atypical school, the head teachers receive us most kindly, and make themselves available for discussion with the doctor, and make them feel part of the school services."

The medical rooms available to us reflects this feeling of co-operation. Where there is no proper medical room, the head teacher often turns out of his study or puts us in the staff room. Another doctor reported "I am glad to report on the very good relationship which exists with the staff in all the schools I have visited, and co-operation is excellent. Frequently, even in new school buildings, the medical inspection takes place in the staff room, secretary's office or library, thus disrupting the school routine considerably."

I would also like to record my appreciation of the vast majority of parents. Almost all of the parents attending medical inspections are

genuinely concerned to seek and follow advice where necessary, and many have expressed appreciation of the opportunity of a regular check up on their child. They often take the opportunity to express marginal doubts and fears for which they could not have made a special visit to their own doctor. Frequently, the concern shown by the parent can be turned to good account by encouraging the parent to concentrate on some aspect of the child's health and development which has not received sufficient attention. A minute number of the parents attending medicals apparently only come to express their resentment against society in general, and school doctors in particular. There remains a small hard-core of non-attending parents who are often the ones it is most necessary to see, and there is little point in bringing children for defect examinations without being able to discuss matters with their parents.

Handicapped Pupils.

The work with handicapped pupils takes up a large part of the time of the school doctor, and on the whole, handicapped pupils are well catered for in this area. There are some difficulties, however, and we do need a Day Physically Handicapped School in or near this Division. It would be helpful if both E.S.N. Day School and the Day Physically Handicapped School could take children from the age of five years rather than from the usual age of 7. This will enable children to mix with others instead of being left at home or taking up the occasional place in the Day Nursery or Nursery School.

The categories of handicapped children are :-

- Blind children
- Partially sighted children
- Deaf children
- Partially deaf children
- Educationally subnormal children
- Physically handicapped children
- Delicate children
- Maladjusted children

This is extremely valuable and interesting work, and included below is a Table showing the numbers in each category of handicapped pupils and the types of education they are undergoing.

Handicapped Pupils 1962

	New Cases Assessed.	New Admissions in 1961	No.of Children Receiving Special Educational Treatment							No.of children awaiting placement	
			Special schools		Independent schools	Boarding homes or hostels.	At Home	Hospitals convalescent homes, or other units	TOTAL		
			Day	Res.						Day	Res.
Blind	-	-	-	8	-	-	-	-	8	-	-
Partially sighted	-	-	2	3	-	-	-	-	5	-	-
Deaf	-	-	2	4	1	-	-	-	7	-	-
Partially hearing	-	1	-	6	-	-	-	-	6	-	-
Physically handicapped	8	4	3	8	3	-	12	-	26	-	3
Delicate	3	6	-	11	2	-	-	-	13	3	-
Maladjusted	14	7	4	10	10	3	3	-	30	-	3
Educationally Sub-normal	35	26	79	20	2	-	1	-	102	33	-
Epileptic	-	-	-	-	-	-	-	-	-	-	-
Speech	-	-	-	-	1	-	-	-	1	-	-
Totals	60	44	90	70	19	3	16	-	198	36	6

B.C.G.VACCINATION

B.C.G. vaccination against tuberculosis is offered to all children during their thirteenth year. The children are first tested to determine whether or not they need B.C.G. vaccination. All children who are 'negative' to the test, which means that these children have had no infection with tuberculosis in their lives and thus have no immunity against the disease, are then vaccinated against tuberculosis. All children who show 'positive' tests, which means that at some time in their lives they have had an infection with tuberculosis, are X-rayed at the Chest Clinics to ensure that they have no active disease. This is a most valuable procedure for the prevention of tuberculosis.

School or College	No.of consents received	No.of pupils of Independent and County Secondary Schools.			
		Tested	Pos.	Neg.	Vacc.
Abbey School	82	82	1	81	81
Boys Grammar (St.Albans)	79	76	3	72	72
Beaumont Mixed	115	115	11	103	103
Boreham Wood Grammar	99	99	8	77	77
Girls Grammar (St.Albans)	112	100	2	96	96
Campions	124	113	7	104	104
High School (St.Albans)	33	39	2	26	26
Holmshill S.M.	231	219	10	206	206
Hillside S.M.	216	123	6	116	116
Loreto College	69	66	3	60	60
London Colney S.M.	66	65	2	63	63
Lyndhurst S.M.	113	110	6	104	104
Marshalswick S.M.	78	76	10	66	66
Manland S.M.	97	91	3	88	88
Roundwood S.M.	114	111	11	99	99
Sandfield Girls	98	91	3	88	88
St.Georges, Harpenden	29	26	1	24	24
St.Julian's S.M.	104	102	8	93	93
Townsend Boys	31	31	3	28	28
Townsend Girls	64	63	4	58	58
	1864	1787	104	1652	1652

HEALTH EDUCATION IN SCHOOLS

We have begun, during the year, the most important task of developing Health Education in schools from the point of view of the Health Department, particularly in the field of Smoking and Health. In addition to the person-to-person contacts between the child, parents and doctor, there should be a place in the school curriculum for matters of health on a more formal teaching and discussion basis. This is done in many schools. I, personally, prefer to see this done as a team job with the head teacher and one of the specialized teachers of physical training or domestic science, combining with the school doctor, the health visitor, the public health inspector and the health education officer to form a team, and I am very pleased to say that an experimental course to the first year in St. Albans Girls Grammar School will be running by 1963 on these principles.

Head teachers are already very aware of the problems of foot health and its relationship to ill-fitting of badly designed shoes, and requests are being made for talks to the older boys and girls about foot health. At least three Secondary Schools in the Division have solved the problem of shoes, at least during school time, by making a proper shoe a part of the school uniform. Parents have welcomed this solution.

We have, as a matter of policy, set out to build up good personal relationships between the staff of the Health Department and the schools staff, because from this will come opportunities for health education in schools.

During the year, 17 talks to various groups of girls on menstruation and personal hygiene were given by Miss A.M. Jenkinson, to the Senior girls of Manland Secondary School, Harpenden. These talks were very well received by the girls who showed very great interest.

Health Education in Schools Relating to Smoking and Health.

The work on smoking and health in this Division has been influenced by the fact that any person who smokes for a period of time becomes addicted to the nicotine in the tobacco and therefore finds smoking very difficult to stop. Our aim, therefore, has been to prevent young people from starting to smoke. Talks and discussions have been held mainly with two groups, (i) school children in their early teens, and teenagers in youth groups, explaining the facts about smoking and ill-health, and working to the slogan "Be smart - don't start", and (ii) talks to parental groups to try and create a climate of opinion amongst parents that smoking is a bad thing from the point of view

of health, so that they could discourage their children from beginning to smoke.

In April 1962, a letter and circular were sent to all head teachers in Secondary and Junior schools. Resulting from this, the following talks were given and discussions have been held with other head teachers so that talks and discussions on this subject can be incorporated into the school curriculum during 1963.

Schools

13. 9.62	Lyndhurst School - 120 pupils - 4 talks
14. 9.62	" " " "
23.10.62	Boreham Wood Grammar School - 120 pupils
15.11.62	Beaumont School - 40 pupils
21.11.62	" " - 38 pupils
6.12.62	" " - 36 pupils
12.12.62	" " - 24 pupils

Youth Clubs

19. 5.62	Redbourn Young Conservatives - 18 members
8. 7.62	St.Marys Youth Club, Redbourn - 20 members
16. 7.62	Links Youth Club - 45 members
17.10.62	Park Street Baptist Church Youth Fellowship - 27 members
11.11.62	St.Pauls Youth Club - 30 members
18.11.62	All Saints Youth Fellowship, Harpenden - 23 members

A number of teachers have also introduced this subject to their normal teaching programmes. The Principal of St.Albans College of Further Education, Mr.Helmore, arranged a lecture by Dr.H.Joule, and the film "One in 20,000" at the St.Albans College of Further Education on 4th April. A great deal of press publicity at a local level resulted from this.

Remedial Exercises.

Miss Chatterton, the County Council's Remedial Therapist, was able to undertake sessions in St.Albans and Boreham Wood Clinics from September, 1962. Children are referred to her by the school doctors. The children, in addition to doing special exercises at the clinic, are taught exercises which they can carry out at home and which they can do at school under the supervision of their Physical Education teacher.

Number of children attending at the Clinics

Boreham Wood Infants and Junior School Children

Asthmatics 12 : Postural Defects 3 : Feet Defects 8.

St.Albans Infants and Junior School Children

Asthmatics 8 : Postural Defects 9 : Feet Defects 13.

ORTHOPTIC CLINIC

There were considerably more cases referred to the clinic from the St.Albans Division in 1962 than in 1961., both from the School Eye Clinic and from the City Hospital. A total of 120 cases were referred, of whom 11 were unsuitable or did not require treatment.

OPHTHALMIC CLINIC

Clinic	New Cases	Old Cases Seen	Total
Wellington Court. Dr.Garratt	253	841	1094
Harpenden. Dr.Garratt	54	180	234
Boreham Wood Mr.Crewdson	133	642	775

SPEECH THERAPY

<u>Referrals in 1962</u>		<u>Statistics 1962</u>	<u>No.of these Accepted</u>
St.Albans	86		65
Boreham Wood	38		17
Harpenden	18		11
London Colney	11		9
	<u>153</u>		<u>102</u>

Reasons for those not accepted

Failed to keep first appointments sent	4
Speech therapy contra-indicated	11
Moved away while on waiting list	1
Still on waiting list in December 1962	35
	<hr/>
	51
	<hr/>

The majority of the children seen in the speech clinics are attending normal schools. The most prevalent speech defect is one termed dyslalia, which may involve anything from a slight distortion of one sound, to a more severe retardation of speech where sounds are omitted, distorted and substituted.

A smaller, but nevertheless persistent group of children attending the speech clinics, are stammerers. There are also a few cases of voice disorders, cerebral palsy, cleft palate, partial deafness and mental backwardness.

Most of the children are seen individually, but in some cases, particularly in pre-school children, group work is indicated.

We should like to thank School Medical Officers, Heads and Staff of schools, Health Visitors, and all others with whom we have had contact, for their help and co-operation during the year.

PERIPATETIC SERVICE OF THE DEAF

I am grateful to Mr.J.P.Simpson, the Senior Peripatetic Teacher of the Deaf for the following Report.

"The following is a summary of the work carried out by this service in your area during 1962.

Below are the total figures for children wearing Hearing Aids in the whole of your area at different dates, showing the growth. These figures do not include children placed at Special Schools.

December 1959 - 18 : June 1960 - 22: September 1960 - 28:
October 1961 - 36: January 1963 - 36.

Training Sessions, 1962

<u>Pre-School Children</u>	<u>Infant Children</u>	<u>Junior Children</u>	<u>Senior School</u>	<u>Total</u>
28	78	181	106	393

Hearing Assessments carried out during 1962

5	4	24	13	46
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Cases followed-up for various reasons during 1962

3	1	10	6	20
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SCHOOL DENTAL SERVICE

Staff

Mrs.J.M.Barratt, L.D.S., R.C.S.	Full-time
Miss L.M.J.Ewart, L.D.S.	Part-time
Mrs.S.Falconer, L.D.S.	"
Mr.S.C.Jack, L.D.S., R.C.S.	"
Mr.J.F.Crawford, L.D.S. (Orthodontist)	"

Mr.Crawford and Miss Ewart are both full-time officers of the County Council who spend part of their time in the St.Albans division.

The number of sessions worked per week at the various dental clinics at the close of the year was as follows:-

Wellington Court, St.Albans	Full-time
Margaret Wix Clinic	5 sessions per week
Mandeville Clinic	1½ sessions per week
Harpenden Clinic	2 sessions per week

The majority of orthodontic cases are treated by the Orthodontist who attends at the Wellington Court Clinic for an average of two sessions per week, and these sessions are included in the details set out above.

Inspection and treatment figures.

Number of children inspected	13,757
Number of children found defective	6,821
Number of children offered treatment	5,631
Number of children treated	2,342
Fillings in permanent teeth	2,602
Fillings in temporary teeth	1,233

Extractions.

Permanent teeth	285
Temporary teeth	1,413
Administrations of general anaesthetic	881
Other operations	1,758

The statistical table shows that 49% of the children inspected were found defective, and that 41% of those offered treatment accepted the offer at the dental clinics within the division.

